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## ORIGINAL ARTICLES.

### THOUGHTS REGARDING THE TREATMENT OF UTERINE DISPLACEMENTS.

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At the present day mechanical treatment of uterine deviations is so universally practised that the subject demands our most thoughtful consideration, in order that the true merits of this method may be intelligently understood. Every experienced physician must have realized that the value of the pessary has been greatly overrated; while, on the other hand, hygiene, which is of paramount importance, is seldom appreciated and is too often entirely ignored.

Tangible local deformities are usually treated as though they constituted the patient's disease in its entirety, whereas they generally are but mere symptoms or results of causes and conditions more or less remote.

Therefore, it is a natural inference that our efforts and skill must be devoted to the discovery and treatment of these constitutional influences before we can hope to acquit ourselves satisfactorily. In order to treat these cases with success, it is essential that we possess a correct knowledge of the anatomy and mechanism of the pelvis and its contents, together with the pathology of uterine deviations. This may seem a needless assertion of a commonplace truism, but the pertinence of these remarks is obvious when we realize to what extent erroneous views are entertained upon these matters. We have not space for a critical review of the various popular theories relating to procidentia uteri, or the stereotyped misrepresentations of the female generative organs, nor of the multitude of absurd appliances, recommended in defiance of all laws of anatomy, physiology, and reason. Leaving these to the discernment of the reflective mind, we will proceed to study briefly the topography of the normal female pelvis. It is impossible, in a paper like this, to deal with the minute anatomy of the parts, and we will, therefore, only undertake to represent the organs that are actually involved in the anomaly of prolapsus uteri. If we open the abdominal cavity in order to observe the pelvic organs, then, with a tenaculum hooked into the cervix uteri produce traction in the line of the pelvic curve, we will find that none of the so-called uterine ligaments are made tense except the ligaments sacro-uterine, and these are not drawn until the uterus is well advanced toward the outlet. Therefore, not one of these ligaments acts as a support to the uterus, except to balance it laterally.

We will also notice that the uterus does not stand in the centre of the pelvic cavity with the weight of the intestinal viscera resting upon it, but it reclines beneath the overhanging sacral arch with the anterior surface of its body in contact with the bladder, which constitutes its chief support, and its lower extremity pointing downward and backward in the direction of the last coccygeal bone and resting upon the posterior wall of

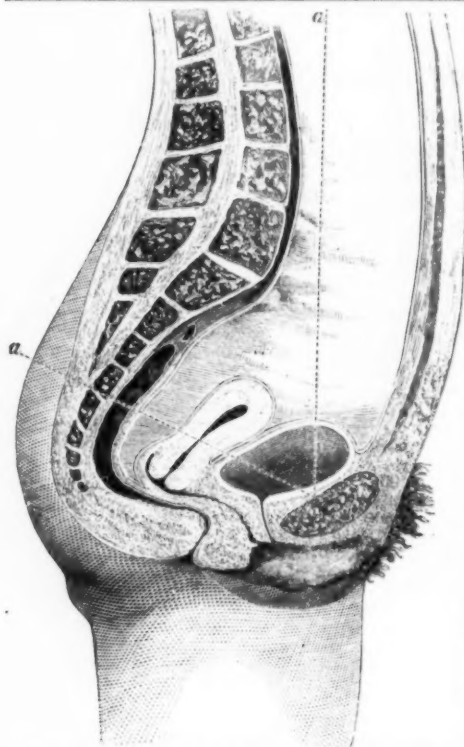
the vagina. Therefore, the uterus is not suspended, but it reclines or rests, and the function of the ligaments is to keep it poised in this position. The round ligaments counteract the influence of an over-distended bladder, the broad ligaments prevent its falling to either side, while the sacro-uterine ligaments hold the cervix back in the sacral cavity. If we make traction upon the vesico-vaginal septum, we will notice that the bladder and uterus both descend, the latter being inclined to retrovert. The bladder we find to be remarkably mobile, and this extreme mobility is one of nature's safeguards, for did it not exist, this organ would be in extreme peril during childbirth. Owing to the advantage of non-attachment, it can rise above the pubic bone and thus escape the compression which otherwise would unavoidably occur during the birth of the child's head.

In infantile life the uterus and bladder are both above the pelvic plane and are really within the limits of the abdominal cavity. The spinal column is then straighter than in after life and the sacral cavity more shallow. Later these organs both gravitate until they occupy the pelvis, while the spinal column becomes more curved and the hollow of the sacrum deepened. In childhood the vagina is straighter and in the line of the pelvic curve, while in the adult it is sigmoid, and has a more antero-posterior axis, which is at right angles with the uterine axis.

The length of the vagina is an important feature to be remembered in gynecic manipulation. The dimensions given by Gray and other anatomists are decidedly incorrect, and these errors have unquestionably been the means of confusion to the physician and positive injury to the patients who have been afflicted with pessaries made to correspond with these text book dimensions. For instance, Gray remarks concerning the vagina: "Its length is about four inches along its anterior wall, and four and five inches along its posterior wall." Now we know the normal vagina, unextended, measures from about two to two and a-half inches anteriorly and from three to four posteriorly. Gray's description of the vagina is a fair illustration of the manner in which the text books have more often caricatured than correctly represented the female generative organs. The double curvature of the vagina should also be borne in mind in the formation of pessaries.

A correct knowledge of the relations and attachments of the bladder is of paramount importance in the study of prolapsus uteri. This viscus is not (as is frequently represented) a globular organ, unless when considerably distended. When moderately full its walls in an antero-posterior section would outline a triangle. The surface which looks toward the sacrum supports the uterus. Its abdominal surface is not of especial interest to us, while its inferior surface, extending from the utero-vesico-vaginal junction, to a trifle above the os pubis, should be carefully studied. We notice that at its lower angle it is intimately associated with the uterus, and with the vagina as far as the urethra. In the retro-pubic angle, bounded by the os pubis, urethra, and vesical walls,

there exists a mass of areolar tissue and fat. Consequently the bladder has virtually no sustaining attachments, but simply rests upon the os pubis with this mass of loose tissue intervening. While in the erect posture the os pubis is the centre of gravitation for all abdominal forces, and sustaining the superimposed vis-



This engraving is taken from studies of sections of the cadaver. While the outlining and tracings have been necessarily more arbitrary than is seen in the subject, yet we have endeavored to represent as correctly as possible the relative positions and relationship of the pelvic viscera and walls. If we study the diagram the following noteworthy points will be apparent.

The pubic bone is the central support of abdominal viscera, in a correctly poised body.

*a* represents the course of an impulse through the abdominal cavity from above downward.

The relative positions of the uterus and vagina make manifest the erroneous principle of all pessaries which are calculated to act as "elevators" to the womb, *c. g.*, the cup and stem pessary.

The direction of the vaginal axis teaches that the true function of a pessary is to retain the uterine neck in the sacral cavity.

When the uterus is normally situated and the body is properly balanced, the sacral arch protects the womb from all superimposed forces.

cera, it does not furnish attachments, nor does it afford such direct support to the bladder. Therefore this viscus merely reclines against the os pubis in the same manner as the uterus rests upon the bladder. Upon first thought, then, it would seem that the bladder must be in constant danger of being dislodged and forced through the vulva by superimposed influences, but more careful consideration will convince us that Nature has anticipated all emergencies, and through the graceful curves of the spinal column and in the powerful pubic bone, has given at once ample protection and support. To illustrate: If in an erect body an impulse starts from the diaphragm, it will expend its force directly upon the pubic bone, and will then give a slight reflected force from this point backward toward the

sacrum. Consequently the impulse given to the bladder will not be through the vulva or perineum, but toward a sufficiently resisting septum. We perceive, then, that the soft parts forming the pelvic floor require only a moderately sustaining power, in order to keep the pelvic organs balanced, as actual weight and shocks are received upon other parts which are firmer.

If we make a vaginal examination with the woman standing, we will notice that the portion of the vaginal walls opposite the vesico-vaginal septum bulges toward the bladder, and if pressure be made in the direction of the rectum, it will be found that there is a decided resiliency of the tissues at this point. Nor is this resistance dependent upon the perineal body, for I have repeatedly observed it where this body was severely lacerated. Now if the other digital finger be placed in the rectum, and traction be made upon the posterior rectal wall sufficient to overcome the resiliency of the recto-coccygeal mass, it will be found that the resiliency of the recto-vaginal septum at its middle third is almost lost. Consequently, we would infer that the support of the bladder and uterus is derived more from the recto-coccygeal segment, than from the perineal body. I am inclined to believe that we over estimate the importance of the perineal body as a supporting agent, for do we not frequently find uteri in normal position, where the perineum is badly torn? while on the other hand, we as often find extreme procidentia, where the perineum is not impaired through laceration. Moreover, in prolapsus uteri, we invariably find a marked flaccidity of this recto-coccygeal segment; and this brings us to the study of the pathology of uterine displacements.

From the foregoing observations, it seems a reasonable inference that the position of the bladder is maintained through the tonicity of those tissues that constitute the support of the vesico-vaginal septum, and if these two factors maintain their integrity, the uterus must remain in normal position.

When we are called upon to treat a case of procidentia, the first question to be considered is not what pessary we shall select, but what has induced the abnormality. Chief among these causes stands constipation. I believe it safe to state, that rarely do we find a case of prolapsus uteri, that has not been incited by, if it be not the actual result of constipation. The evil tendency of forcible defecation is most clearly apparent. When the woman assumes a squatting position, the spinal curves are straightened and the axis of the body is no longer through the os pubis, but directly through the pelvic organs to the vulva, and consequently every expulsive effort has a direct tendency to expel not only the contents of the rectum, but also the generative organs. In proof of this, it is not unusual to treat patients (with comparatively normally situated uteri) who confess that in order to accomplish defecation, they are obliged to exert themselves to such a degree that the os uteri presents itself at the vaginal outlet. Not only are the uterus and bladder forced out of position by these efforts, but the tissues throughout the pelvis are rendered turgid, and as these tissues are composed largely of blood vessels whose walls are weakened by repeated dilatation, a state of chronic blood-stasis is inevitably the result.

When we reflect upon the length of time during which constipation exists with most of these women, we cannot wonder that the pelvic organs finally succumb to this oft-repeated injury.

Constipation may be defined as follows: An inertia of the lower part of the descending colon, induced by the use of cathartics, or the rectal douche, and occasionally through neglectfulness of the individual. If every purgative of whatever nature were abolished, if rectal douches were unknown, if there could be a total cessation from the use of pernicious drugs, and physicians were taught implicit obedience to nature's laws, a vast amount of suffering would be spared. As every drug yields its primary and secondary effects

—the secondary being the more permanent—so, without a single exception, every cathartic administered creates constipation. Drug-effects are also peculiar in this respect, that while, by repeated application, the system becomes so inured to the primary effect, that that which is at first quite effectual, becomes almost inert, on the other hand, the secondary effect increases with the continuation. We are constantly consulted by patients whose condition has been rendered miserable in the extreme by the use of cathartics, often employed in accordance with the advice of those whose duty it is to correct the evil which their medication actually produces. Despite traditional medical custom, observation alone should teach a better way.

The syringe is frequently substituted for the drug, and soon the rectal secretions are destroyed by the artificial lubricants, and the rectum is rendered passive as a leathern tube. We lay this down as an axiom—that laxative drugs and rectal douches yield their most brilliant results when administered for the cure of diarrhoeas.

How then can we best deal with this anomaly, constipation? First, it is imperative that the use of both the cathartic and the syringe be entirely discontinued. This is an absolute necessity, for no other method can succeed if accompanied with an occasional use of either. The expulsive efforts must also cease, and the peristalsis of the bowels be cultivated, and relied upon. To this régime add an assortment of coarse food, such as cracked wheat, maize, and what is more effectual than either, rye meal. These well boiled, and eaten with treacle, will be found quite effectual, and with a punctual daily attendance at a definite time will, in the majority of cases, be all that is required. This course must be persisted in for several successive days, but when once the daily habit is established, it will be only neglect, or a return to the former causes, that will bring a relapse.

We have already commented upon the mobility of the bladder; also that whatever induces a weakening and sagging of the pelvic floor, will permit a bulging downward of the vesico-vaginal septum, with a consequent depression of the bladder and uterus, and when once the bladder has lost its natural poise over the pubic bone, a prolapse is only a question of time. That an habitual overloading of the bladder is a fruitful source of prolapsus is highly probable. It is certainly a much more plausible theory than that of subinvolution. The weight of a normal uterus is given as from one to one and a half ounces. A subinvolved uterus would seldom be twice as great, yet we know that the female bladder is usually made to carry from eight to twelve and frequently sixteen ounces.

The natural tendency of habitual distension of the bladder, as well as the remedy, is so apparent that it demands no further comment.

We have cited these two prevailing influences which go toward inducing prolapsus, for two reasons. First, they aid us in explaining directly the construction of the parts involved, and showing us how they often become dislocated.

Second, to illustrate the importance of considering hygienic principles, so rarely taught, and almost universally disregarded.

If the scope of this paper permitted, we would discuss other equally important factors in the domain of hygiene. We would endeavor to explain the influence of posture in standing, sitting and reclining, and the value of exercise, properly directed, in the restoration and maintenance of the tone of every fibre of the body. Neither should we forget the wonderful relation existing between mind and body. No words can adequately convey the full importance of a correct appreciation of nature's laws which govern the human body, and an understanding of these is especially essential when dealing with the female organization, so delicately constructed, and intimately connected by the

sympathetics. The physician who gives to this field of study his best thoughts, cannot fail to fulfill a noble mission, while he who relies mainly upon the efficacy of drugs and artificial appliances is sure to encounter defeat. Our restorative measures will be successful in proportion to the faithful observation of hygienics, and when all our efforts are in full harmony with nature's suggestions.

We have now reached the consideration of that which prompted the writing of this paper, viz.: mechanical appliances in the treatment of uterine deflections.

In beginning this part of our consideration I desire to emphatically assert that I am not an enthusiast over any form of pessary. Indeed, the subject is an exceedingly distasteful one, and it is only an earnest desire to arrive at a rational comprehension of these necessary evils that has encouraged the undertaking. If by a better understanding of the subject, we can abolish some of the wretched appliances now in vogue, the chief object of our task will have been attained.

We have already studied the nature of prolapsus uteri; correctly speaking, it is a hernia. How would we regard that surgeon who endeavored to cure an inguinal hernia by the application of means which unquestionably dilated the ring, and wasted the surrounding tissues? Nevertheless this is precisely what the majority of pessaries accomplish.



PESSARY ADJUSTED.

What are the desiderata of a prolapsus pessary? It must be constructed so as to properly convey the cervix back and retain it in the hollow of the sacrum, when if the uterus is not flexed, the fundus will fall forward against the bladder. It must at the same time strengthen the floor of the bladder, for reasons already considered.

It should accomplish these objects without producing pressure upon the vaginal tissues at any point, for the reason that pressure produces atrophy. It must not press against nor environ the uterine neck, for thereby serious and intractable complications would be induced. It should not irritate the patient, for the pessary that constantly reminds the patient of her affliction is almost sure to be a failure. Finally, it must be as manageable as a crutch, which can be used or discontinued by the patient, as necessity may dictate. The instrument which I have found to best fulfill these requirements, is a modification of Cutter's loop pessary, and is constructed as follows: A copper wire loop, bent so as to conform to the curves of the vagina and the perineal angle, covered with polished soft rubber. Continuous with this covering is a light, highly elastic tube, to be attached to a band surrounding the body. The advantages of this instrument are apparent. It can be readily moulded to any desirable shape, and being smooth and soft, it does not irritate the tissues at any point of contact. The selection and manipulation of the instrument are important considerations. The length of the pessary should be the normal measurement from the pubic arch to the cavity of Douglas' cul de sac, plus one-half an inch. It should never be so long or so wide as to press unduly upon any point of the tissues. After the instrument has been correctly moulded it is lubricated with a solution of castile soap and *salicilic acid*, a drachm of each, and two ounces of water. This prevents all disagreeable odor from the wearing of the rubber. Grease should never be employed, as it kills the rubber. Then, with the patient in Sims' position, or in the knee and chest posture, insert the pessary, with its fenestra looking to either labia.

Press the lower extremity well toward the pubes and cause the distal extremity to traverse the posterior vaginal wall until it has passed beyond the uterine neck. Now rotate the instrument properly, and when it is correct as to length the approximate extremity can be pushed in behind the pubic arch. Should this manœuvre be impracticable, the pessary is either too long, or imperfectly inserted. Finally, place the pessary squarely upon the vaginal floor by drawing the tube back, and attaching it to the band, which has previously been placed around the patient's body just below the crests of the ilia. Care must be taken to make no unnecessary traction upon the tube. A constant tension, sufficient to lift the weight of the pessary is all that is required. The patient should subsequently be taught how to manipulate the instrument for herself.

Frequently we have to deal with displacement of long standing, complicated with flexure and structural change of the uterine walls. This deformity may be the result of local inflammation with subsequent organization of plastic lymph, or the womb may have remained in a bent position for such a length of time that it has assumed this form, just as any portion of the body will remain deformed after being compelled to occupy an unnatural shape for a long period. Flexions of the womb, however, do not always demand active interference, for they may exist without creating any appreciable disturbance. On the other hand, they may be the source of great suffering. We cannot account for this dissimilitude any more than we can explain why a slight dental defect will cause exquisite suffering to one person, while another may be indifferent to a much greater defect of the same nature. The disturbance caused by this deformity is greatly exaggerated during the catamenia, or just before the flow is established. This exacerbation is probably due to irritation of the nerve filaments and tissues which are held in the seat of flexure, which irritation is produced by the efforts of the uterus to straighten itself during this period of engorgement. It is impossible to correct these deformities by means of any vaginal pessary, for it will be found that when a vaginal appliance is employed, the bent uterus simply hooks itself over the pessary. This procedure can

hardly fail to do harm, for the pessary pressing directly upon the diseased tissues must have a tendency to excite inflammatory action and promote further structural change.

To aid in correcting this deformity the uterine splint has been invented. We need not stop to notice the many varieties, nor the difficulties encountered in the employment of this instrument, as they are more or less familiar to all, no other procedure having provoked more controversy. On either side are found many of our ablest authorities. When we study the mechanism of many of these inventions, and experience the dangers and difficulties attending their use, we cannot wonder at the bitter denunciations that have been bestowed upon them. Nevertheless it cannot be refuted that well-devised stem pessaries, carefully managed, aid us in obtaining results that can be accomplished in no other way, but their employment should always be associated with intelligence and gentleness.

The simplest method of employing the stem pessary, and the one which will frequently be found satisfactory, is an association of the intra-uterine stem and vaginal pessary disconnected. A stem with a broad and polished button is inserted in the uterine canal, and then a vaginal pessary, properly constructed fixes the uterine neck in the sacral cavity. If the uterus is easily reduced, and the posterior vaginal wall sufficiently resistant, the stem retains its position, and the uterus is straightened. However, this procedure is not always successful, as the stem is liable to slip partially or even entirely out of the uterus, owing to the tendency of this organ to retrovert, and the laxity of the vaginal walls, together with the influences exerted by an over-distended bladder. A perfectly applied tampon would meet the requirements, but this would necessitate a daily renewal, which would be exceedingly annoying to all concerned, to say nothing of the more objectionable feature presented in the injury done the vaginal walls, by repeated tamponading.

When, therefore, the use of an intra-uterine stem pessary becomes a necessity, we would employ one as free as possible from the objectionable features attending the use of those ordinarily employed.

In other words, it should be comparatively safe to the patient, easy of introduction, self-retaining, and should

Fig 1.



FLEXION PESSARY.

Fig 2.



FLEXION PESSARY IN POSITION FOR INSERTION.

in no way restrict the natural movements of the uterus. As there is almost invariably more or less prolapse of the vaginal walls associated with flexions of the uterus, the value of the stem pessary will be enhanced, if while straightening the womb and retaining it in position, it at



the same time supports the vaginal walls. The diagram (Fig. 1) represents an instrument which we have found to fairly meet these requirements. It is made from one continuous piece of vulcanite. The tongue connecting the stem and vaginal portions is so tempered as to be soft and elastic.

The stem can also be rendered elastic if desirable, and may contain a spiral spring of steel wire. Its introduction is readily accomplished as follows: The uterus is allowed to remain unreduced, with its os looking toward the vulva. The instrument is held in the right hand, and the stem is pressed down by the forefinger, so as to lie parallel with the outer portion. (Fig. 2.) The point of the stem is then guided into the uterine canal, and as the stem enters the uterus the vaginal part is made to enter the vagina. As it assumes its proper position, it carries the cervix into the hollow of the sacrum, which necessitates the reduction of the fundus. Those who have the facilities at hand can employ the Sims' speculum, and the introducing staff, for the accommodation of which the stem is perforated.



A.—Vaginal Shield with flexible stem  
B.—Galvanic Stem Pessary.

Before dismissing the subject, we will briefly consider the galvanic stem. What are the precise advantages of a

galvanic stem over one of vulcanite, I am not prepared to state. I believe, however, that there are good reasons for claiming for it advantages that are not possessed by the vulcanite. This form of intra-uterine treatment has many warm advocates of the highest repute, and is therefore entitled to our serious consideration. The conditions which seem to indicate its use are—non-development of the uterus, or where the womb is flaccid and spindle shaped from lack of vital force, stenosis of the cervical canal, dysmenorrhœa, amenorrhœa, and also in the reduction of hyperplasia of the uterus.

It would appear that the galvanic stem stimulates capillary action, and in this way imparts tonicity to the tissues. For this purpose we have constructed an intra-uterine voltaic pile in the following manner. Upon a vulcanite rod are placed a number of zinc and copper rings, insulated with vulcanite rings, the whole secured by a tip of vulcanite screwed upon the end of the rod (B). The stem is held in position by the vaginal shield, which is an elastic band, surrounding a vulcanite frame (A).

Upon the upper surface of the nether reflection of the band, is a socket for the reception of the button of the stem. This stem can also be adapted to the tongue of the flexion pessary already described. It will frequently be found impracticable to insert the stem without first dilating the canal by the aid of a small sponge tent. The stem should not be inserted until two days after the tent has been removed. The uterus will often have to be accustomed to the presence of the stem, which must always be promptly removed on the inception of severe discomfort, to be reinserted when all tenderness has subsided. If the patient is kept moderately quiet, and due care has been exercised in the management, as a rule all inconvenience from the presence of the instrument will have disappeared at the end of ten days. In the management of these cases there are many minor and yet important features that will present themselves, which we have not space to consider in this article. No written instructions, however minute, can ever substitute good judgment; and furthermore no physician is justified in undertaking any form of gynecic surgery who does not possess original yet conservative aptitude, with decided perspicacity in tracing the intimate relation existing between cause and effect.

**ACUTE YELLOW ATROPHY OF THE LIVER AND PHOSPHORUS POISONING.**—Prof. Ossikovsky (*Wiener Med. Wochenschrift*) refers to the fact that in well-marked cases of phosphorus poisoning, we find at a certain stage of the disease, not only leucin and tyrosin, but also those aromatic acids, which we look for in the putrefaction of tyrosin (it is well-known that the finding of these ingredients in diseased conditions of the liver points to the diagnosis of yellow atrophy). He further says: chemical experiments have shown that the differential diagnostic mark, which has been so strongly insisted upon in the clinic to distinguish phosphorus poisoning from acute yellow atrophy, viz., that leucin and tyrosin only appears in the urine in this well-known disease, must be abandoned and we must reverse this assertion; when the urine contains leucin and tyrosin, we can diagnose a case of phosphorus poisoning, even if the taking of the poison is steadfastly denied, or when it depends upon the question of criminal intent. In short, every case of acute yellow atrophy of the liver is one of phosphorus poisoning.

Dr. Welsch who reports the above says: Why should not both conditions be independent of each other? Why should there not be a disease of the liver in which this morbid condition of the albumen could be detected? As well might we say, that an acute albuminuria presupposes an arsenical poisoning. The interesting facts in the case for us are, that phosphorus in poisonous doses produces tyrosin and leucin in the urine, and the consequent deduction of its homœopathicity to the disease in question.—(*Homœop. Zeit.*) (T. M. S.)

# HOMEOPATHY—AS IT APPEARS REMOVED FROM THE ALLOPATHIC DISSECTING TABLE\*

BY A. GIVEN, M.D., LOUISVILLE, KY.

The July number of the *Medical Herald* of this city contains an article from "Enquirer" headed "Homeopathy on the Dissecting Table." The writer asks the editor to answer the following interrogatories: "1, What is the creed of allopathy in medicine? 2, Have we an allopathic physician in Louisville? 3, Who belongs to the allopathic sect?" He then attempts to dissect homeopathy and says: "My family physician disclaims any knowledge in sectarian medicine; says he belongs to no pathy or sect." Thus Enquirer would have us believe that he is a layman thirsting for knowledge in scientific medicine. His language, however, leads us to infer that he is his own family physician, and that he is also an editor, for I am persuaded that no one except an editor "has in his office more than thirty different medical journals, which he receives regularly." And yet if he is a physician and is at all familiar with the use of the scalpel on other subjects he certainly proves himself incapable of dissecting homeopathy. He may have made some flourishes, but upon a close examination we find that he did not even reach the superficial fascia of the subject.

The truth is old school physicians dare not attempt to make a careful dissection of homeopathy, for if they do, and are honestly seeking medical facts, they will become homeopaths before they get through with their investigation. At least I have never known any that did not become converts after a thorough study of the subject.

Allopaths are not aware that homeopathy, like the anatomy of the human body, is only seen in all its utility and grandeur when the scalpel of honest criticism cuts deep and lays bare every part of the subject for an intelligent and scientific examination.

The writer continues: "If the peculiar views of the *modus operandi* of medicine taught by Hahnemann, have not received the world's favor, after sixty years of experiment, then the homeopathic system should be modified in accordance with the demands of scientific discovery."

What are the "demands of scientific discovery" in medicine, I should like to know, if it is not to treat diseases homeopathically, and hence scientifically. Must the careful study and thorough investigation of thousands of educated and scientific men with all their demonstrated facts be cast to the four winds of heaven by a single stroke of an allopathic pen, or the sneers of self-conceited bigots. Nay, verily, the world begins to move in solid phalanx and is demanding a fair and impartial investigation as to the merits and demerits of allopathy and homeopathy.

A united voice comes from millions of intelligent men and women from all civilized countries claiming to be the judges in the dispute, for their future health and happiness depends upon a correct solution of the question, and they will have no more doubtful theoretical and uncertain explanations while human life is trembling in the balance, and the health of thousands is being shipwrecked in the quicksands of an uncertain system of therapeutics. They demand that every theory of disease and every plan of treatment shall be subjected to the light of scientific criticism before they adopt it.

It is unnecessary for me to consume your time by giving statistics to show that the converts to homeopathy are numbered by thousands every year all over the world even in spite of the determined effort to crush it out.

Enquirer certainly could not have expected homeopathy to receive the world's favor in such a short space of time, in view of the fact that it has ever been the

motto of the old school profession to keep the world in ignorance on all that pertains to medicine. A people or a nation cannot be held in slavery after they have been educated in the science of government and the liberty of conscience. So it is in medical science, the people are now beginning to understand something about the physiological and therapeutical effects of medicines, and are being educated in sanitary science and all that pertains to health and the administration of remedies, hence they will assert their rights as to what they will do or take to insure longer life and more perfect health and happiness.

The allopathic dictatorial manner is losing its influence among educated and refined classes, and the oft-repeated expression, "it is a bitter pill, but the doctor says I must take it," is not so frequently heard as in former times when a certain class of physicians wished to be regarded as holding a kind of kingly power in medicine and had to be obeyed.

We give allopathic intolerance and misrepresentation the credit for having kept homeopathy from receiving the "world's favor after sixty years of experiment." They drove the founder of homeopathy from his native country because he offered the people the benefit of his scientific discovery of the law of similars, which he had demonstrated to be a more perfect guide in therapeutics, and a safer and surer road to health than had ever been promulgated before. All intelligent persons who have had any experience in the operation of that law regard it as one of the greatest discoveries in medical science.

In order to arrest the progress of homeopathy, all the shafts of malice and persecution that could be invented have been hurled against the followers of Hahnemann, and all languages and facial expressions have been laid under contribution for epithets, sneers, ridicule and sarcasm against homeopaths. When all other methods failed to arrest the tide of public opinion in favor of homeopathy, the allopaths denounced homeopathic physicians as quacks and irregulars, and proclaimed that what they pretended to give as medicine was nothing but "loaf sugar and moonshine." This failing to keep their clients from homeopathy, they then warned them against homeopathic poisons. "O, consistency, where is thy jewel?"

Enquirer continues: "This being admitted, and the theory of Hahnemann having been disproved, wherever the light of science has shone upon it, no one now should claim homeopathy, because scientific experiment has disproved the doctrine of high potencies, and laid bare the claim of a law of cure based upon the doctrine of similars."

These are bold and positive assertions, and yet the writer fails to give us one iota of proof to show that what he has said is true. If he is the constant reader of so many medical journals, including homeopathic, as he professes to be, he certainly knew when he penned the foregoing that he could not furnish the evidence to vindicate himself in the truthfulness of his statements. If such a scientific experiment has ever been made and "has disproved the doctrine of high potencies, and laid bare the claim of a law of cure based upon the doctrine of similars," where and by whom was the experiment made? It may be that he has heard the expression repeated so often by the opponents of homeopathy that he half way believes it to be true. But with all due respect to his opinion I am compelled to state emphatically that the whole paragraph is void of truth. It is not true, never has been and never can be, that the theory of Hahnemann has been disproved "wherever the light of science has shone upon it." But on the contrary, at every turn of the critic's stereoscope the law of cure based upon the doctrine of similars stands out more clearly and bids defiance to all scientific, or any other, investigation to drive it from its pedestal as the true science of therapeutics.

\* A paper read before the Falls Cities Hahnemann Club.

Is it not strange that, when intelligent opponents of homoeopathy are told every day that the size of the dose has nothing whatever to do with the law of similars, they will continue to reiterate the contrary as being true? They know, if they have ever given the subject a moment's thought, that when a medicine is homoeopathic to any disease or symptoms, the prescriber has the privilege of giving large or small doses, whichever he has found to be most beneficial to his patient.

"If they (homoeopaths) can demonstrate anything exclusively their own in medicine," says Enquirer, "or show any reasonable grounds for their preference as practitioners of scientific medicine, it has never been published in either their books or their periodical literatures."

In answer to this I state positively, and without the fear of contradiction, that homoeopaths have done more to elevate the standard of scientific therapeutics during the last eighty years than has ever been done by old school writers during the whole history of medicine.

Allopaths may pretend to reject Hahnemann's application of remedies, or his law of cure, but they can never take from him the honor of discovering the physiological action of medicine, which has done more to simplify therapeutics, enhance its utility, and benefit mankind than all of the theoretical essays that have ever been written on the subject. No writer of the present day, who has any regard for truth, will deny that a knowledge of the physiological action of medicine has revolutionized the whole system of medical teaching. Not only has the theory and practice of medicine been placed upon a scientific basis, but surgical and gynecological therapeutics has accomplished much good in the hands of homoeopaths. Many gynecological examinations and operations, formerly so common in the hands of the old school, and which were so often disgusting to well bred females, are now dispensed with under homoeopathic therapeutics.

What then is left to the boasted discoveries in practical medicine and the progress of the scientific school, so-called? Nothing that I can see except surgical operations, surgical dressings and anesthetics. What advantage then is all their vaunted knowledge of anatomy, physiology, and pathology, if their system of therapeutics is defective, for a large majority of the cases that a physician is called to treat are medical and not surgical. A knowledge of these branches is useful and necessary to fill up the measure of a thorough medical education.

But of what advantage are clinical lectures and long dissertations on diseases when but three to five minutes are given to the treatment? What practical benefit will students, or a patient, derive from an hour's clinic on disease of the heart and its diagnosis; if in two days afterwards, as is frequently the case, the patient dies, and his heart is exhibited to the class to demonstrate the correctness of the professor's ability to diagnose correctly. It does seem to me that it would be of infinitely more importance to the profession and the world if a more careful study was given the subject of therapeutics. This is what is attracting the world to homoeopathy. Homoeopaths are as well versed in all of the branches taught in medical science as the allopaths are, and the only difference between them is that the former are far in advance of the latter in practical medicine. This fact needs no further illustration, for the statistics of cholera and yellow fever epidemics attest the superiority of homoeopathic therapeutics over allopathic routine prescribing. When a patient with cholera is approaching the jaws of death, what does he care whether his medical attendant be an expert in anatomy and physiology or not. He does care, however, to know that his physician is well versed in therapeutics, for his life depends upon a thorough knowledge of that branch of medicine.

The editor of the *Medical Herald* gives the following answers to "Enquirer's" interrogatories:

"1. *Allopathy* is a term introduced by Hahnemann to designate those who practice a system of medicine in opposition to homoeopathy. Hahnemann said their system was predicated upon the law of *contraries*, as expressed in their laws of cure; *contraria contrariis*."

"2 The literature of medicine affords no information as to the existence of a school of allopathic medicine, anywhere, at any time in all the past, and if there is such a school now in existence we would be thankful to any one for exact information as to its locality, etc. Certainly there is no one known to the editor of the *Herald*, pretending to practice allopathy in Louisville."

"3. We never have known who belong to the allopathic sect."

In looking over my library I found a work on *materia medica* and therapeutics, written in the year 1848, by Jonathan Pereira, M.D., F.R.S. and S.S. He was acknowledged to be one of the best allopathic writers on that subject during his day. His work has been adopted as a text book in many colleges in Europe and America up to a very recent period and is probably still in use by some.

Under the head of "Fundamental Methods of Cure," vol. 1, page 168, he lays down three methods of cure which he denominates "antipathic, homoeopathic, and allopathic," and gives the following definitions, viz.:

"1. *Antipathia*.—The antipathic, or palliative method, consists in employing medicines which produce effects of an opposite nature to the symptoms of the disease, and the axiom adopted is '*contraria contrariis opponenda*.' Though this principle was admitted in several ancient schools, yet it was explained and carried out at different periods in very different ways. Thus Hippocrates, who may be regarded as the founder of this doctrine, observed, that 'all diseases which proceed from repletion are cured by evacuation,' etc. The Galenists, likewise, were antipathists, since they employed hot remedies to combat cold diseases, and treated moist maladies by dry remedies."

"We (old school) adopt this practice when we employ purgatives to relieve constipation, depletion to counteract plethora, etc."

"2. *Homoeopathia*.—The homoeopathic method of treating disease consists in administering a medicine capable of producing effects similar to the one to be removed and the axiom adopted is '*similia similibus curantur*.'"

"3. *Allopathia*.—The allopathic, or heteropathic method consists in the employment of medicines which give rise to phenomena altogether different or foreign (neither similar nor exactly opposite) to those of the disease."

"Under this head is included that mode of cure effected by what is called antagonism or counter-irritation; that is, the production of an artificial or secondary disease in order to relieve another or primary one."

"Here we have another remedy suggested, namely, the production of an artificial disease of the skin, as by blisters, or other irritating applications, a suggestion, the advantage of which experience has frequently verified."

"Diseases, then, appear to have what Dr. Pring calls a *curative relation* with respect to each other; and we shall find that the greater part of our most valuable and certain remedies operate on the principle of antagonism or counter-irritation; that is, they produce a secondary disease which is related to the primary one. Dr. Parry calls this the cure of disease by conversion."

Thus there seems to be some discrepancy of opinion between Pereira and the editor of the *Medical Herald*. All parties or organized bodies, whether in religion, politics or medicine, are known by the doctrines they teach or preach. Hence any further comment on the foregoing is unnecessary; it speaks for itself, and I can only add that if our old school brethren are becoming dissatisfied with the systems of antipathia and allopathia after centuries of experimentation, and are satisfied that they do not explain the true method of cure, and are desirous of getting rid of those unsatisfactory titles, as they seem to be, then let them call a world's medical congress, and decide whether they will declare in favor of homoeopathy, the true scientific method of cure, or whether they will continue to publicly traduce homoeopaths, while privately adopting their method of cure. I am aware that this is a grave insinuation, and yet it is true, as many of their works on *materia medica* and therapeutics, and the teachings and practice of hundreds will attest.

I can assure the allopaths, that their cry against "pathy," and their proclamation that they are the "scientific school," will not avail them anything, or save them from just criticism, for an enlightened public opinion is carefully watching every movement on the chess-board of medical controversy, and the profession will be held strictly accountable for all mistakes in dealing with human health and life. Learned theoretical essays on the pathology of scarlet fever and cholera infantum no longer satisfy an educated people, but they want well tried therapeutic agents and demonstrated facts at the bedside of loved ones. They are carefully

watching the progress of homœopathy and allopathy and will soon give an unbiased verdict. It requires no scientific investigation to distinguish between the speedy relief obtained by the use of mild and pleasant remedies, and the method of making a patient sicker by nauseating and toxicological agents before the disease can be reached or an effort made to restore him to health.

### THE WORK BEFORE US.

By LUTHER CLARK, M.D., NEWTONVILLE, MASS.

We homœopaths cannot claim to be a happy and united family; but though one of the older "seniors," I hope I shall live to see a better state of things. We must all see that much of our ability to work for the public good is wasted in disagreements among ourselves, especially on the question of doses and dynamization. This causes more or less ill feeling among us, gives our opponents a great advantage, and is, I think, quite needless, if things could be rightly understood and called by their right names. Honest differences of opinion and misconceptions should cause no offence nor loss of mutual respect, and what new field of knowledge was ever explored without some early mistakes which had to be afterwards corrected? Every physician of experience has learned well the fact, that in treating a patient he has a mind as well as a body to deal with; and that in many cases he cures his patient as much through the mind as through the body. Cases of this kind are, like nervous diseases, becoming more frequent, and mental and psychological science are making progress in explaining them. Physicians have, as I think, been greatly at fault in not distinguishing, or at least trying to distinguish more accurately, between what is mental and what is corporeal in their experience. Much is now known that was not known in Hahnemann's time. Almost incredible instances of the influence of the mind upon the body and its diseases have come to our knowledge. The truthful and honest doctor on seeing his patient better for his visit and prescription, would often hesitate to say precisely how much of the good effect was produced through the mind.

When Hahnemann first began to treat diseases by similars, it was a necessity for him to watch carefully lest the doses should be too large. For the patients who had become converts to homœopathy, or were desirous of trying it, there was a combination of circumstances to produce a strong mental impression, and expectation of remarkable results. How could they be expected to report the effects of the new treatment without some coloring from their imaginations? and how could Hahnemann possibly draw from their reports the exact dividing line between the mental and the physical effect of his treatment? What was more probable than that, seeing striking effects, he would pass that dividing line without perceiving it? That he was fallible and did pass it, is certain. Having passed the line, and entered unconsciously upon the field of psychical or mental influences, there was no practical stopping place. The selection of the 30th centesimal as the proper limit of attenuation for medicines was purely arbitrary; as is clearly demonstrated by those who go to the 100th, the 1000th and beyond, with no loss of efficacy. Having abandoned the use of medicines in the crude form for the supposed superior form of extreme attenuation, Hahnemann put forth the theory of dynamization as the best explanation he could give of the apparent efficacy of infinitesimals. The early converts to homœopathy had unlimited confidence in him, and most of them accepted without question his dynamic theory. He and his followers based their practice so largely upon it that it naturally came to be thought not only a part, but the most essential part of homœopathy. As already said, Hahnemann's mistakes, though great, and most serious in their consequences, were such as were to be expected in the difficult work of first applying the new law in practice.

No blame necessarily attaches to error, especially in earnest truth-seekers like Hahnemann and many who closely followed him. The blame rests upon those who see error, but do not exert themselves to correct it and prevent harm from it. In the September number of the *Times* Dr. H. M. Paine, speaking of the *millionth potency* finds this fault of neglected duty resting heavily upon our school, and eloquently urges attention to it. Of the theory of potentization, which has like a cloud always thrown a dark shadow upon our system, Dr. Paine says, "Let it be understood, that no opposition is made to high potency practice provided it is reported under any other name than homœopathic." He says again, "All reliable data show as plainly as inferential evidence can, that *dynamic practice* has no relevancy whatever to *true homœopathy*." It is very remarkable, as Dr. Paine intimates, that a truth so self-evident and important has received so little attention; and that so little effort has been made to give the public correct ideas, or rather to correct false ideas, relative to homœopathy. It has always been claimed that homœopathy rested on a sound scientific basis. Nothing was ever more true. But what do outside observers of homœopathy see? They see among us in regular standing those who practice upon theories and by methods which are on their face unscientific, irrational, even absurd; some of them denying to their patients all aids outside of such theories and methods. They see these men recognized as members, perhaps officers, of our societies; possibly teachers in our colleges. Under these circumstances, can we complain of the estimation in which we are held, or of the treatment that we receive from the profession at large? Again, in this state of things is there not a culpable neglect of our duty to the public in another way? Those who wish to put themselves under homœopathic treatment, are left to choose as best they can among the doctors that have the endorsement and recognition of our school. If they make a bad choice of one from whom they do not receive real and efficient treatment by similars, they are left to find out their mistake by hard experience with disease which is not self-limited, nor curable by mental influence only. Then the disappointed patients very probably go back to the old practice and get some relief; making our opponents still more sure that homœopathy is a cheat and is being found out and abandoned. The only excuses our schools has had for so neglecting its duty to the community have been—first the high character and sincerity of some of the believers in the dynamic theory; and secondly, our failure thus far to ascertain the real limits of the action of medicines in very small doses. To ascertain these limits is plainly a work of the utmost importance, and its difficulty does but partly excuse its being deferred so long. But good and competent men have now undertaken it, and will not rest till it is accomplished, at least approximately. By thus ascertaining even the approximate limits, within which the physician can give medicine and be sure of its action, an invaluable guide will be furnished him; giving a proper confidence in his medicine, and perhaps saving him and his patient from a practice wholly inert. As to the believers in infinitesimals, who have in past time stood with us as disciples of Hahnemann and believers in *similia*, but have now set medicines entirely aside and are satisfied with their success, let them, for their own advantage and for ours, adopt a distinctive name \* apart from homœopathy. Let them, as far as they are earnest and honest, have our continued respect and good wishes. For a certain class of cases we need not doubt that their treatment will be in a measure successful. But I would beg them to consider conscientiously if they are not, by withholding medicines, falling short of their duty to another class of

\* I was many years ago, with two or three other physicians, in the office of Dr. Constantine Hering, when he said in his emphatic way, that the homœopathic treatment "never ought to have been called *medicine*, but *Hahnemannism*, making some further remarks of the same purport.



patients. Their strong faith and good will may be by some psychical law useful to certain patients without medicine.\* That curative psychical influence will not be lost, but made stronger and more permanent by giving the appropriate medicines in effective doses. With these insufficient but earnest suggestions to those whose work is to perfect and pass on to the future the true art of healing, I must leave all in the hands of men much stronger than myself.

Oct. 21, 1882.

### A NEW REMEDY.

By J. N. TILDEN, A.M., M.D., PEEKSKILL, N. Y.

A case of verruca digitata, cured by one dose of the single remedy, merits notice, as it adds one more verification of the supreme efficacy of the single dose of the carefully chosen remedy. As is well known, this form of wart occurs almost invariably upon the hairy scalp. It is said to be most common in adult women. It is more pedunculated in its attachment to the surface than other forms, and from this peculiarity, as well as from position and number, may give use to considerable inconvenience in dressing the hair.

We will not at present enter into speculations concerning the etiology of this affection. If we can have before us the grand central fact of a cure, or we might say the disappearance of the disease after a single administration of such a remedy, as covers the "totality," of what use for us to spend our time in researches in physiology and pathology, endeavoring to ascertain the exact causes of disease? The natural history of disease is nothing—all we want are symptoms, remedies and results.

E. K., male, æt. 38. Nervo-bilious temperament. Had fifteen or twenty of these small mammillary tumors upon the hairy scalp, where they had existed for two years. They caused considerable annoyance and pain when dressing his hair, and often would bleed to an inconvenient extent from his thoughtlessly picking at them. One day when one of these verrucae was bleeding quite freely from too liberal an application of finger nails, there happened present an Indian belonging to a band of players, who promptly offered to cure the troublesome malady if he might be allowed. Consent being readily given, the aborigine proceeded to apply the ends of his fingers successively and momentarily to the various warts, at the same uttering some unintelligible words. Two days later the warts had entirely disappeared, and have not since manifested any disposition to recur. It is now three years since their sudden departure, and the cure must be considered undoubted and permanent.

The prompt and effectual result of the application of this remedy justifies us in introducing to the profession as a new remedy, *aborigine*.

It may be objected that this is only one case, and that we should not place too much stress upon a single apparent cure. Let us, however, remember that many of the most striking and wonderful proofs of the efficacy of high potencies have been found in similar occasional cases. In fact, the entire basis for the belief in the curative properties of so-called dynamized drugs rests upon the clinical reports of apparent cures occurring from their administration in occasional cases. There are no consecutive cures in dynamic practice, and therefore we are not to cavil at so radical a recovery as was wrought by the single administration of our new and evidently potent remedy, *aborigine*.

To secure this agent for internal administration, we can suggest no better method than to place one grain of *sac. lac.* upon a smooth glass surface (glass being

chosen on account of its properties as a non-conductor). Then let the aborigine successively and momentarily press his fingers upon the milk sugar, thus imparting to it by contact, those curative properties which we have already seen exist so actively in his digital terminations.

From this grain by the centesimal scale, the proper attenuations could then be easily prepared. Although this cure was effected by a local application, there is no valid reason why the internal administration of the dynamized "aborigine" might not be equally, if not more efficacious.

Let us for a moment glance at the range of this remedy in accordance with the law of similars. Although the causes of the various forms of verrucae are not determined, yet are we not justified from the result above stated, in the opinion that the frequent application of the fingers to the scalp may be the active cause of the affection? How natural that the slight abrasions of cuticle produced by an individual scratching his head should prove to be the starting point for the disease! This being admitted, the perfect indication according to the law of similars of our aboriginal remedy at once becomes apparent.

Although warts are very capricious in their appearance, duration and disappearance, we are not to be misled into any question of "*post hoc propter hoc*." It is true, that warts often disappear as suddenly as they come without any treatment, but this is also true of many other diseases, and when we have so remarkable an illustration of the power of the single dose and single remedy, covering as the Indian's fingers did the "totality of symptoms," we are not to be diverted from the interests of pure science by such cavilers as would have us suppose that the warts were likely to have disappeared without the treatment.

We have no reliable proving of this remedy, but its reputation as having a specific and constant tendency to the scalp is well established. Its range of action here is very decided. *The crude aborigine will raise the hair from a white man's head every time.* If future investigation should find that the same influence extends to the face, it would prove a priceless boon to those unfortunate ladies who are afflicted with redundant hair upon the face.

In reflecting upon the case reported, it is a question whether the mysterious words uttered at the time of applying the remedy, may not in some curious manner have dynamized the medicament, and thus have rendered its action so prompt and efficient. This hint may prove the key-note whereby the billionth potencies may be prepared satisfactorily, and thus settle the much-disputed methods for preparing high potencies.

We have no means for ascertaining the meaning of the words used in the treatment of the case just detailed, but would suggest that experimenters, who would like to test this mode of dynamization, try something like the following words uttered at the time of preparing the remedy. "Single dozom, symptomem kay-notem. Hi potentissimum million dynames, sky high depart common sense; welcome wonderful clinical moonshine."

TREATMENT OF PHTHISIS.—At a meeting of the Société Médicale des Hôpitaux (*La France Médicale*) Dr. Debove said that he had had under his care a phthisical patient who became unable to take milk. Dr. Debove decided to feed her with the œsophageal sound. He gave her in this way at first a litre of pure milk, then meat and eggs. At length he was able, without causing vomiting, to give her two litres of milk, 200 grammes of meat and 10 eggs. Singular to relate the patient's appetite returned, she increased in weight 100 grammes a day; she sleeps well and the sweats have disappeared. Dr. Debove has decided to treat all his phthisical patients in the same way. Dr. Dujardin-Beaumonts has had similar results.—*Méd. Press and Circular.*

\* There is no need of arguing, that to place dependence on medicine attenuated to the 10th (decimal)—probably beyond the 6th—(which has been proposed as the extreme limit), is practically to abandon the use of medicines as such.

## CLINIQUE.

## HOMŒOPATHIC HOSPITAL, W. I.

## MEDICAL DEPARTMENT.

SERVICE OF DR. ALFRED K. HILLS.

Reported by G. T. Stewart, M.D., of the House Staff.

The following clinical cases taken at random from the case books and confined to malarial affections during a period of two months, are reported not so much for their therapeutic value, as for the purpose of showing the character of the treatment of this class of cases in the institution.

It will be observed that all the cases recovered, and that a very small percentage required quinine for this purpose.

It was the custom in this service to enter upon the study of each case in accordance with its specific individuality, with only a proper regard for that cause which only counts as one in the totality of factors which claim our attention in such cases, and it has been our experience that with this mode conscientiously carried out, the result has been in accordance with the report herewith presented.

The attending physician desires in this public manner to express his appreciation of the manner in which his efforts have been seconded by Drs. J. M. Foster, G. T. Stewart and Thos. H. Hicks of the House Staff, their labors having been in a large measure the means by which such a result was possible.

CASE I.—M. C., æt. 25. Single; Ireland; Laborer. Admitted Sept. 25, 1882.

*Diagnosis:* Malarial intermittent, quotidian type.

*Mode of Life:* Intemperate. Does not use tobacco. Has masturbated two or three times a week, for 3 or 4 years.

*Heredity:* Mother and one brother died of phthisis.

*Previous Disease:* Gonorrhœa.

*Present Health:* Appetite poor, but improving. Bowels loose from purgatives. Urine normal, frequent.

*Previous History:* Never a day sick, and always strong until last Sunday.

*Present Condition:* Has been working on a farm. Chill comes on at 3 P.M. to 12 M. Before the chill he has terrific pain in hip bones, sacrum, arms and lower extremities. Coldness first felt across the chest or hips, lasts one half-hour. Nausea. Thirst for large quantities of water. Fever follows chill quickly, lasting one to two hours; headache. Very red face, and sensation of burning up; very restless. Sweat very profuse; lasts a long time, which leaves him very weak, but relieves all bad symptoms.

R—Ipecac tinct. .... gtt. v

Aqua. .... ʒ ii

Sig. Teaspoonful every 2 hours.

October 2, Discharged cured.

CASE II.—F. B., æt. 26. Single; U. S.; Ice. Admitted Sept. 23, 1882.

*Diagnosis:* Malarial intermittent, aortic stenosis and mitral regurgitation.

*Mode of Life:* Moderate drinker, beer generally. Smokes tobacco.

*Heredity:* None.

*Previous Diseases:* Rheumatism, ten years ago.

*Present Health:* Appetite has been poor, with nausea and vomiting, but now better. Bowels very loose, frequent, no pain. Urine normal.

*Previous History:* Was strong and healthy and working on an ice wagon until two weeks ago, when he suddenly was taken sick in the night. Arising next morning he had no appetite, sickness at the stomach, painless diarrhœa, lasting about a week, and in a few days it developed into chills and fever.

*Present Condition:* Last Friday began to have the chills, followed by fever and sweat. Chill comes on at 9 A.M., and lasts till 12 M., beginning in the thighs and spreading up all over the body. No bone-pains. Thirsty, but drinks but little at a time. No nausea; no headache. Fever comes on at last part of chill, intermingled with chill. Sweat, very profuse, relief of all symptoms after sweat. Has short hacking cough during chill.

*Physical Examination: Lungs:* Chest thin, emaciated. Slight consolidation of lung in right apex.

*Heart:* Apical beat normal. Action frequent and strong. Murmur heard over aortic valves during first and at end of first sound of heart prolonged and very marked over carotids. Also sound over apex, and heard to left and under scapulae, found to be mitral regurgitation, following the aortic direct.

R—Drosera tinct. .... gtt. x

Aqua. .... ʒ ii

Sig.—Teaspoonful every two hours.

Sept. 30, discharged, cured of the malarial affection.

CASE III.—W. F., æt. 36. Single; U. S.; Furniture. Admitted Oct. 13, 1882.

*Diagnosis:* Malarial Cachexia.

*Heredity:* None.

*Mode of Life:* Has used tobacco immoderately. Drank moderately. Has taken quinine in massive doses.

*Previous Diseases:* Had small-pox in 1872. Pneumonia about 11 years ago.

*Previous History:* Lived in a malarial district. Two weeks since had a chill about 12 M. The night before he had the chill he was exposed to cold and rain.

*Present Condition:* Feels chilly all the time; seems impossible to get warm, both night and day. Has a headache almost continually in the frontal region. Thirst not great, taking water mostly to rinse out the mouth. Feels better lying down. Has no sweat, and is not warmed by the bed. Has a slight cough.

*Present Health:* Bowels constipated; stools small. Urine very dark red. Urinates three or four times a day, and as often as twice at night. Appetite very poor. Sleep restless.

*Physical Examination:* Posture stooped; shoulders downward and forward. Physical examination of chest gives negative results.

R—Arsenicum alb. ʒ trit.

October 23, discharged cured.

CASE IV.—J. R., æt. 42. Widower; Ireland; Laborer. Admitted Sept. 20, 1882.

*Diagnosis:* Malarial intermittent.

*Mode of Life:* Temperate. Smokes tobacco.

*Heredity:* Unknown.

*Previous Diseases:* None.

*Present Health:* Appetite poor; least mouthful stuffs him up. Bowels regular. Urine normal.

*Previous History:* Always healthy. Never ill until this attack.

*Present Condition:* About six weeks ago he began to have chills and fever. He says that where he worked there was Croton water to drink, which had to be pumped into barrels and then they would drink from the nozzle of the hose, and says that the water, which was on the surface of the ground, and could be found by digging a foot or so, was very foul-smelling, and that there he probably took the malarious poisoning. Since six weeks ago he has had chills, fever and sweat, sometimes every day for a period, and again skipping a day. Chill comes on at 11 A.M., and 3 P.M., lasts but a short time, causes him to shake only a cold feeling between scapulae, and great thirst for large drinks of water. *Fever:* Feels as if burning up; has headache, but no nausea or vomiting. *Sweat:* even during time of chill, and also after fever, very profuse. Relief during chill from heat applied to back.

R—Arsenicum ʒ trit.

Sig.—Powder every two hours.

September 26, 1882, discharged cured.

CASE V.—T. B., *æt.* 40. Single; Ireland; Laborer. Admitted Sept. 14, 1882.

*Diagnosis:* Malarial intermittent.

*Mode of life:* Excessively intemperate. Smokes tobacco.

*Heredity:* Unknown.

*Previous Diseases:* None.

*Present Health:* Appetite poor. Could keep nothing on stomach. Nausea and vomiting severe. Bowels regular. Urine normal.

*Previous History:* After winding up a drunken spree he contracted malaria. Ten days ago they first came on; only fever and sweat which were intermingled, and lasted all day, and he asserts that they lasted all during the night, making it impossible for him to sleep, driving him almost mad, and desirous to make away with himself. This condition of affairs remained until yesterday, when he had a decided chill.

*Present Condition:* Chill came on about noon, after taking his bath here, lasting over two hours, beginning in pit of his stomach and spreading all over his body, desiring to cover up; teeth chattered; had pain in chest and back, and a great pain in back of neck and all over head; bursting headache and eyes very painful. Great thirst, drinking large quantities at a time. No nausea or vomiting. *Fever:* Burning fever, lasting  $1\frac{1}{2}$  hours, and with severe cramps in stomach. Thirst still the same, and a very bitter taste in his mouth; headache diminished. *Sweat:* Very profuse all over body. Foul, sickly-smelling perspiration. Relief of all symptoms after sweat, but could not sleep after it.

R—Sulph. quin  $\frac{1}{10}$  trit ..... grs. x  
Aqua .....  $\frac{3}{4}$  ii

Sig.—Teaspoonful every two hours.

September 16, 1882, discharged cured.

CASE VI.—W. K., *æt.* 40. Single; Ireland; Longshoreman. Admitted Oct. 10, 1882.

*Diagnosis:* Malarial intermittent fever; mitral insufficiency.

*Mode of life:* Has been using large doses of quinine and brandy. Uses tobacco.

*Previous Diseases:* Chancroid; gonorrhœa; malaria.

*Previous History:* Chill set in about three weeks ago. Was exposed to malarial poisoning for some time before the present attack. Paroxysms have come on every second day at noon, but have grown less severe. He at first had remittent fever, but it gradually changed to the intermittent variety.

*Present Condition:* Chill about 3 A.M. yesterday, due to exposure upon going to water closet. Tertian variety; gets cold all over. No thirst during chill. Chill lasts about two hours, followed by a fever, with burning heat especially in the forehead. Cutting frontal headache all day long. Very thirsty; drinks often and in large quantities. Sweat does not relieve headache; feels very weak after it. Thirst continues during the same. Nervousness and debility marked. Palpitation.

*Present Health:* Bowels regular. Appetite very ravenous. Tongue slightly coated white. Urine clear, whitish in color. Sleep broken by desire to urinate.

*Physical Examination:* A rough blowing sound heard during systole.

R—Arsenicum  $\frac{1}{15}$  trit.

Oct. 16, discharged cured of the malarial affection.

CASE VII.—J. S., *æt.* 26. Single; U. S. Wood carver. Admitted Oct. 10, 1882.

*Diagnosis:* Malarial intermittent fever.

*Mode of life:* Has been using quinine and whiskey for past three months.

*Previous Disease:* Gonorrhœa, malaria. Has always been very healthy.

*Previous History:* Three weeks ago he was wet through and allowed his clothes to dry on him. That same evening he began to feel stiff in his joints, and unwell all over. The fourth day after this exposure, he had a chill, followed by fever and sweat.

*Present Condition:* Chill comes irregularly, first, second and third day. Chill commences about 6 P.M., in the legs, and goes up the back to shoulders. No thirst. Better from warmth. Lasts fifteen minutes; shakes hard. *Fever:* Pain runs up back of head to right side of forehead, causing dizziness. At times feels sleepy; not very thirsty. Throat and tongue seem swollen and dry; relieved by a small quantity of water. No nausea. Bearing down feeling in abdomen. *Sweat* follows fever and is cold and clammy; symptoms not relieved by sweat.

*Apixæria:* Weak and anæmic looking.

*Present Health:* Bowels very costive. Appetite poor. Rumbling in bowels and flatulency. Sleeps poorly.

R—Gelsemium  $\frac{1}{10}$

Oct. 28, discharged cured.

CASE VIII.—E. F., *æt.* 40. Widower; Ireland; Laborer. Admitted Sept. 30, 1882.

*Diagnosis:* Malarial intermittent fever.

*Heredity:* Good.

*Mode of life:* Drinks at times.

*Previous Diseases:* Same as at present.

*Present Health:* Appetite very poor. Bowels costive. Urine nearly the color of blood, at times; nearly incontinence. Urinates frequently and profusely.

*Previous History:* Last Tuesday the attack began with vertigo and chills, with yellowish green vomiting.

*Present Condition:* Cough and cold in the head; snuffles continually. Feels very weak. Chill at 10 A.M. and 3 P.M., beginning in the legs and extending upwards. Great thirst during chill, for small quantities and often. Head burns as though on fire. Fever and sweat not prominent; sleeps well.

R—Ipecac.

Oct. 7, 1882, discharged cured.

CASE IX.—S. C., *æt.* 36. Single; Germany; Shoemaker. Admitted Oct. 13, 1882.

*Diagnosis:* Malarial intermittent fever, quotidian type.

*Heredity:* None.

*Mode of life:* Has always been temperate.

*Previous Diseases:* Had chancre some twelve years ago. A year ago had chills and fever, which lasted all the ensuing winter.

*Previous History:* Had been working in the basement of a building and was greatly chilled last week; the first chill coming on at 3 P.M.

*Present Condition:* Has a chill coming on about 6 P.M. The chill first makes its appearance in the small of the back. No thirst during the chill; relieved by the warmth of the bed. Violent headache during the chill; each chill lasting only five or six minutes. The heat following the chill at times is very great. The thirst is very great, drinking a great deal at a time. The sweat is slight and cold, and mostly on the neck and body relieving all the symptoms, but he is not able to sleep for two or three hours afterward.

*Present Health:* Bowels regular. Urine regular. Appetite very poor. Is wakeful at night.

*Physical Diagnosis:* Depression in supra-clavicular spaces. Clavicle slightly prominent. Right shoulder higher than the left. Right side of chest more fully developed than the left. Respiration regular and mostly abdominal.

Percussion of chest, normal.

Auscultation of chest, normal.

Auscultation of heart gives normal action.

R—Ipecac.

Oct. 16; Chill came on after 12 M., last night. The attack leaves him very weak.

R.—the same.

Oct. 19, discharged cured.

CASE X.—S. G., *æt.* 27. Single; Ireland; laborer. Admitted October 17, 1882.

*Diagnosis:* Malarial intermittent fever; aortic and mitral insufficiency.

*Heredity:* One brother died of consumption.

*Mode of life:* Has drank a great deal of whiskey. Has taken a few doses of *quinine* of late, and been exposed considerably to the cold.

*Previous diseases:* Eight years ago had chancroids and gonorrhoea at the same time; six months ago had gonorrhoea a second time.

*Previous history:* Soon after coming to this country, six years ago, was taken with chills from exposure to cold and rain, the chills coming on the first part of the night. Was given *quinine* which checked them for a time, coming on now and then since. He has been working in a very cold and disagreeable office; a sewer passed just beneath the window which made it very unpleasant at times. The first chill then coming on about 4 or 5 P. M., and he seemed to get cold all over very suddenly.

*Present condition:* Last night between 9 and 11 o'clock had at least four chills; every time he attempted to go to sleep would be taken with a paroxysm; each coming on suddenly, and being cold over the whole body at the same time, except once, and then he noticed that his stomach was cold. No thirst during the chill. The fever is very high; the thirst, at this time, being great, usually taking a glassful of water at a time. Is dizzy with a hazy appearance before the eyes. The sweat is very profuse and cold, relieving all the symptoms, when he would fall asleep; but last night he was not able to sleep until he had had two or three chills and as many sweats. If he attempts to get up after the chill, fever and sweat have passed off, feels very weak and nauseated, often with greenish vomiting.

*Functions:* Bowels loose, going to the closet three times from 6 to 10 A. M.; urine dark colored; appetite not very good; sleeps well at times, but often very restless.

*Note:* Has a cough, with whitish, yellow, thick lumpy expectoration. Also has palpitation of the heart from any exertion. The feet often swell, and at night has cramp-like pains in the calf of the leg.

*Physical Examination:* Chest well developed; respiration normal; auscultation of chest gives negative results, except in cardiac region, where notice mitral regurgitation and aortic insufficiency. Percussion of cardiac region gives increased dullness.

R.—Nux vom  $\frac{1}{16}$  trit.

Oct. 21. Throbbing of right carotid. Coldness of extremities. Heart impulse increased. Apex a little to the left of the normal line. Pains of a cutting character in cardiac region.

R.—Rhus tox.  $\frac{1}{8}$ .

Oct. 22. No chill during past three days. Sharp pain in left side, worse on inspiration. Soreness on touch in ankle joint. Hazy mist before the eyes. Feels dizzy; worse on standing.

R.—Same.

Oct. 23. Urinary analysis: Sp. gr. 1022. Slightly alkaline in reaction. Color pale amber. No albumen. A very slight trace of sugar. Chlorides normal.

Oct. 25. Has had no chills since Oct. 18th.

CASE XI.—J. R., *et.* 32. Single; Ireland; laborer. Admitted Oct. 2, 1882.

*Diagnosis:* Malarial intermittent fever.

*Mode of Life:* Uses liquor, but not to excess. Smokes and chews immoderately.

*Previous Diseases:* Gonorrhoea; chancre; malaria.

*Previous History:* Five weeks ago he was attacked with chills, fever, and sweat, while working in a damp place. He took *quinine* at this time and broke up the attack for about 10 days. Last Thursday he had another chill about 2 P. M. Had a chill every day following until his entry here.

*Present Condition:* Chill at 2 P. M. Head becomes light before the chill, which begins between the scapulae and pain settles in the shoulders. Fever follows, with great thirst for large quantities; vomits after drinking

water. It seemed as though the top of his head would blow off. Sweating succeeds and relieves all the symptoms. Cough with a thick, yellow, expectoration.

*Present Health:* Bowels costive. Appetite fair. Sleeps poorly. Horrible dreams.

R.—Arsenicum alb.  $\frac{1}{8}$  trit.

Oct. 6. Chill at 5:30 A. M.; commenced between shoulders and ran up to head; soreness in back; no thirst; chill lasted 1½ hours. Vomiting and nausea. Fever, thirst, violent pains in back of head and in shoulders. Headache not relieved by sweat. Irregular days.

R.—Ipecac.

Oct. 9. Chill began about 7:30 P. M. Chill and fever as above, but the sweating was worse.

R.—Capsicum  $\frac{1}{8}$ .

Oct. 16. Discharged cured.

CASE XII.—J. M., *et.* 24; single. England; roofer. Admitted October 2, 1882.

*Diagnosis:* Malarial intermittent fever. Tertian type.

*Mode of Life:* Uses liquor and tobacco.

*Previous Diseases:* Malaria; erysipelas.

*Previous History:* About three weeks ago, was soaked during a storm and allowed his clothes to dry on him. This exposure renewed his old fever and ague. General malaise and thirst before the chill, which continues through both chill and fever. Thirst for large quantities. Chill begins in the hands and feet about 8 P. M. Hair feels as though standing on end. A small, pimply eruption, which is very sore during chill. Huddles up in bed. The eruption disappears during the fever. Sweat, with thirst; all the symptoms remain. Feels silly; cannot see during fever; a sensation as though there was water in the eyes.

*Present Condition:* Chill, fever, and sweat as above, with the addition of a pain in the back of the head and neck, as though he had been beaten. Chill begin as soon as he gets off his clothes.

*Present Health:* Bowels slightly constipated. Appetite good. Sleeps well. Urine red in color, with frequent urging.

R.—Gelsemium.

October 9, 1882, discharged cured.

CASE XIII.—M. McP., *et.* 50. Widower; U. S. Laborer; admitted October 7, 1882.

*Diagnosis:* Malarial intermittent fever. Tertian type.

*Mode of Life:* Temperate in all his habits.

*Previous Disease:* Malaria.

*Previous History:* About two weeks ago, while sitting in a barber's chair, was taken with a chill, followed by fever and sweat. During the previous week he had been wet and dry alternately.

*Present Condition:* Chill, coming on about 5 or 6 o'clock A. M. Gets cold all over at once, and shakes about a quarter of an hour; worse from warmth. Thirsty; drinks seldom, but in large quantities; mouth and throat dry; no inclination to vomit.

Fever, heat quite great. Hot all over. Tight feeling all over head, with buzzing in ears. Very thirsty and drinks often; feels weak, tired and sleepy.

Sweat follows; does not remove the headache although it is much less severe.

*Present Health:* Bowels regular. Appetite good. Sleeps well. Tongue pale and flabby.

R.—Bryonia  $\frac{1}{8}$ .

October 16, 1882, Discharged cured.

CASE XIV.—J. M., *et.* 36. Married; Ireland. Laborer. Re-admitted October 3, 1882.

*Diagnosis:* Malarial intermittent fever. Quotidian type.

Was admitted to this hospital on August 31, 1882, with diagnosis: Subacute gastritis, and discharged cured on September 14, 1882.



**Present Condition :** Chill, coming on about 3 P. M. to-day. Before the chill he has a pain between the shoulders and down the back. Chill begins in the umbilical region, running around into the small of the back and thence upwards and downwards. Chill postpones half an hour each day. Nausea and frontal headache nearly all the time. Great thirst for large quantities, and often during all the three stages. Backache during chill. Feels as though his neck would crack off during chill. Sweat does not relieve. The pyrexia lasts about twelve hours. Cough without expectoration. At times whitish expectoration. Has been coughing for four or five days only.

**Present Health :** Bowels constive. Appetite poor. Sleeps fairly. Urine red in color, at times a dark yellow incontinent during fever.

B.—*Bryonia alb.*  $\frac{1}{2}$

October 9.—No chill since day before yesterday. Fever yesterday from 2 to 4 P. M. Lips feel dry. Drinks large quantities and often. A feeling of nausea. Cephalalgia—frontal—which seems shooting out through the eyes, apparently dazzling patient.

B.—*Capsicum*  $\frac{1}{2}$

October 16, 1882, discharged cured.

### A NOVEL EMPLOYMENT OF THE VAPOR OF ETHER.

By W. A. DEWEY, M.D.

*La Semaine Médicale* of Oct. 5 publishes the history of a proceeding which seems to me worthy of interest in a surgical point of view, since it shows the successful application of the mechanical use of the vapor of ether, in a case of removal of a foreign body from the stomach by section. A brief résumé of the history of the case and operation may be of interest.

Pierre G., *et.* 19, occupation waiter in a café, where from time to time he occupied his leisure moments in diverting the clients at his own expense; among these diversions was a singular exercise which consisted in introducing into his esophagus a teaspoon, 24 centimetres long, holding it there by the handle with the ends of his fingers, which he introduced into his mouth as far back as possible, then withdrawing it. One day in the midst of these exercises the spoon slipped out of his fingers, and by the involuntary movements of deglutition, descended into the stomach. He was taken to the Hospital Lariboisière and placed in the service of M. Félizet.

The symptoms complained of were a sense of constriction about the epigastrium, with great difficulty in respiration; inspiration being very painful.

Palpation detected on the left side, a hard projection, pressure upon which augmented the pains localized on the left side, and by transmission it provoked a sensation of pricking below the region of the liver. The patient ejected, at short intervals, saliva mixed with mucosities, which continued until the time of operation. Billious vomitings followed, which on the second day became very frequent and distressing.

On account of the length of the foreign body (24 centimetres), of the fixation of its extremities, and of the dangerous pressure which they would exercise on the coating of the stomach, with the presence of bilious vomiting, the suffering and inquietude of the patient, who implored a relief, M. Félizet decided to practice section of the stomach.

It is known that the accident most to be dreaded in this operation is peritonitis, which renders it necessary, then, to avoid at any price the escape of the gastric fluids into the peritoneal cavity, although the numerous ovariectomies, etc., go to demonstrate the tolerance of the peritoneum for certain traumatism. It is proper to avoid as much as possible any unnecessary irritation of this membrane.

With this purpose in view, M. Félizet resolved to distend the stomach in order to place it in relation with the

abdominal walls, and thus facilitate the operation. The distension by a liquid would expose the peritoneal cavity to an extravasation, either from the passage of the sutures destined to fix the stomach to the abdominal walls, or in case of premature opening of that organ, the liquid mingled with the gastric juices would escape into the peritoneal cavity.

Thus it was that recourse was had to the vapor of ether, still better appropriated to this usage because its odor would give warning of the premature opening of the stomach.

The instrument employed for this purpose was the instrument of M. Faucher, for washing the stomach, slightly modified for the purpose in view, consisting of a rubber tube passing from a funnel through the nares into the stomach. From this tube branches another, which is attached to a glass balloon partially filled with ether. These tubes are furnished with cocks, to establish or interrupt the communication of the stomach with the funnel on one hand and with the balloon on the other.



This apparatus being in readiness, M. Félizet proceeded to operate two days after the accident. The first step being to thoroughly empty the stomach and wash it, by introducing vichy water and withdrawing it. The anæsthetic used was *chloroform* and the operation was performed under Lister's precautions. An incision was made about two centimetres below the edges of the left costal cartilages and about parallel with them, this incision was carried through the muscles, exposing the peritoneum.

At this time the tube of the instrument was passed through the nares into the stomach and the balloon of ether being plunged into water of a temperature of 60 degrees centigrade, the stomach distends. On opening the peritoneum, the distended organ was seen bulging between the lips of the wound.

The remaining part of the operation was easily performed; the parietal and visceral layers of the peritoneum were joined together by sutures the whole extent of the circumference of the wound, the stomach opened and the spoon, the buccal extremity of which was found wedged in the pylorus, was removed.

The patient recovered, except a small gastric fistula which, at the time of this article, has not fully healed. The recovery was unattended with any fever or discomfort.

It is principally owing to the ingenious and inoffensive method of distending the stomach, conceived by M. Félizet, that this case appears to present some value, and whether the vapor of ether can be further utilized in this line, or in some operations on the bladder, remains yet to be decided.

**THE SOLID RUBBER BANDAGE IN THE AFTER TREATMENT OF DISLOCATIONS.**—According to Mr. H. J. Forster (London *Lancet*) the partial ankylosis and oedema which are such frequent and disagreeable after-results in all forms of dislocation, "might easily be avoided or reduced to a minimum, if the attendant, after the proper manipulation of the joint and a few days' rest, were to apply a suitable elastic support and enjoin the patient to move about short of fatiguing the injured part."

The writer describes several cases successfully treated in this way, and in conclusion remarks that "the advantages from the use of the solid rubber bandage over the ordinary calico one, are the continuous elastic resistance offered by it, and the consequent absorption both of fibrous, callous and serous effusion, as well as greater feeling of support. Also, in the neighborhood of the knee-joint, there is not merely greater adaptability in the bandage *per se* over even the ordinary knee-cap, but by its greater density and elastic pressure it serves to keep *in situ* what a substance more or less wanting in these two properties can hardly be expected to fulfill. The one drawback in the continuous use of the rubber bandage is the production of minute vesicles, which may become troublesome; this may be avoided by punching several small holes in the material at suitable intervals."

**OPERATIVE INTERFERENCE FOR PULMONARY GANGRENE.**—Bull, after describing a case of *operative interference for pulmonary gangrene* (free incision, evacuation of pus, washing with carbolyzed water, and thorough drainage), with the production of a complete cure, gives the history of another case in which pulmonary abscess existed, and the indications for a similar operation were urgent, but in which, owing to the non-performance of such an operation, death ensued. He thinks that the operation is indicated in pulmonary abscess, gangrene, or excavation, with firm adhesion of the adjacent pleural surfaces. Previous investigation with an exploring needle is recommended as quite safe, and as affording useful information in regard to the nature and seat of the disease. Strict antiseptic precautions are not necessary, especially as the air will find access to the spot through the bronchi as well as through the incision. In establishing and maintaining drainage, great care must be taken not to excite hemorrhage or irritation of the exposed pulmonary surface.—*N. Y. Jour. & Obst. Review.*

**THE TREATMENT OF CHLOROSIS.**—Dr. Zander (*Le Progrès Médical*) is opposed to the theory which accounts for chlorosis upon the hypothesis that the food is deficient in iron. He rather supposes that the fault lies not in an insufficient quantity of iron in the food, but in insufficient absorption of such iron as is present, owing to morbid changes in the secretions of the digestive tract, more especially owing to the absence of a proper proportion of hydrochloric acid in the gastric juice. As a result of this the proteid foods are incompletely digested and nutrition is affected. In the treatment of chlorosis the author therefore prescribes two to four grams of *hydrochloric acid* diluted with 200 grams of water; a tablespoonful or two to be taken after each meal. In very obstinate cases pepsin may be mixed with the acid, and the results thus obtained are said to be most satisfactory.

**EFFECT OF SULPHIDE OF CALCIUM.**—(*Archives of Dermatology*, Jan., 1882). According to Ringer, it hastens the maturation of pustules already in process of formation, and checks the production of fresh ones. Alexander relates three cases where, without any evidence of suppurative action in the skin before taking the medicine, pustules of a highly inflammatory character became developed in the skin after it had been taken for several days, and recovery began in each of them immediately after the use of the agent was suspended.

**RETRO-AXILLARY DISLOCATION OF THE HUMERUS.**—M. Bottey (*La Prog. Méd.*) refers to an accident in which the humerus was dislocated backwards, assuming a position in relation to the scapula hitherto undescribed. After giving the clinical history, he tabulates the objective symptoms of the form of dislocation under discussion with the subspinosus form, a condition already described but of rare occurrence.

Sub-acromial and sub-spinosus.	Luxation backwards and downwards or retro-axillary. Flattening marked.
Flattening of the shoulder not marked.	Idem.
Prominence of the anterior angle of the acromion and coracoid process.	Idem.
Anterior wall of axilla depressed.	Anterior wall of the axilla lowered. Idem.
Sub-clavicular depression preserved.	Idem.
No prominence in the axilla.	Idem.
Pointing of the head below the edge of the acromion or in the sub-spinosus fossa. (Pathognomonic sign.)	Pointing of the head of the humerus two widths of a finger below the acromion and back of the external edge of the scapula. Backwards, between the head and acromion, a deep depression in which the fingers can be laid. Forwards, a slight depression between the surgical neck of the humerus and the inferior part of the glenoid cavity.
Elbow drawn towards the body and forwards.	Elbow drawn forwards and in a median position.
Rotation of the arm inwards.	Arm in supination.
Slight bending of the arm.	Shortening.
Voluntary movement difficult.	Voluntary movement impossible.
Communicated movement slight and very painful.	Communicated movement slight and painful.

The patient was 78 years of age and the reduction was easily practised. A simple direct impulsion, directed from the back forwards, was sufficient to drive the head into its articular cavity. (T. M. S.)

**EUPHORBIA NICAKENSIS IN HYDROPHOBIA.**—Dr. Munnichhoff (Horn. Rundsch.) writes: The Russian journal *Svet* relates several cures of hydrophobia by this drug. The root of the *euphorb. nic.* (not to be confounded with *euphor. syleat.* and *arten.*), as soon as it is dug up should be dried by a moderate heat, cleansed and pulverized; the finer portion of the powder only should be used, although the coarser portion may be used for cattle.

A pinch of the powder is put in half a glass of light beer or slightly acidulated water. If, after the first dose, the patient during the course of the day feels alternately cold and hot and by turns weak, dizzy, sick at the stomach, desire for stool and sweatings, the medicine is showing its effects. If it cannot be taken in fluid form the powder should be made into pills and 3-4 given. Wounds and scratches should be washed with a strong solution of the root. Those around the patient should take a powder as a preventative. A Russian teacher revealed the remedy at his death. A German woman in St. Petersburg saw three cures with this remedy, while at the same time a person who was bitten, but refused the remedy, died. (T. M. S.)

**OPIUM POISONING TREATED BY VENESECTION.**—Dr. J. B. Backus, in *The Clinique*, March 15, gives the details of two cases of poisoning by *morphine*, in which, all other measures having been tried in vain, and death appearing to be inevitable—he resorted to bleeding "as a desperate expedient." Three pints of blood were taken from one of the patients, and a pint and a half from the other, a boy of fifteen. In both, marked improvement was witnessed within half an hour from the time of the operation, and recovery was very rapid. Dr. Backus is so confident that the lives of these two patients were saved by this expedient, that he would willingly go a hundred miles to see such a case.

**DECOCTIONS OF ONIONS IN MILK IN DROPSY.**—Dr. Resquez claims to have obtained great benefit in the treatment of various forms of dropsy by the use of a decoction of onions made by boiling in milk.—*L'Abeille Méd.*

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession," and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

## MEDICAL COLLEGES.

We learn from the report of the U. S. Commissioner of Education that from 1878 to 1880 there was an increase of four medical colleges in the old school and one in the new—or in the proportion of one to every seventeen in the old, and one to every eleven in the new school; two hundred and sixteen instructors, or one to every four and a half in the old, and thirty in the new school, or one to every five and a third; fifteen hundred and ninety-seven students, or one to every five and one-fifth in the old school, and five in the new, or one to every three hundred and forty-three and three-quarters; one hundred and sixty-seven graduates in the old school, or one to every fifteen; in the new school seventeen, or one to every twenty-one and one-third. From these statistics the *Record* argues the decline of homœopathy. The argument would have more force, were it not for the well-known facts that the majority of the believers in that progress in therapeutics which includes the homœopathic philosophy are students in and graduates from so-called old school colleges. The reason is obvious. Homœopathic colleges and societies were at one time a necessity from the feeling of bitterness existing in the dominant school towards any one who dared avow his belief in, or his intention to, investigate the new philosophy. So great a change has come over the spirit of the old school, that now the cardinal principles of homœopathy are openly discussed in their leading societies with marked favor, and in many cases with the frank admission that the most brilliant advances in therapeutics have been made from a careful study of the dual action of drugs. The last edition of the U. S. Pharmacopœia, just published by Wm. Wood & Co., and reviewed on another page, leaves out the dose, on account of the wide range required to meet the peculiarities and conditions of disease—each individual case, perhaps, requiring a different dose, the strength of

which can only be determined by the symptoms and physiological conditions of the case under treatment. For this principle, call it by what name you will, the homœopaths have always contended. The necessity for separate colleges and societies is not now so apparent, because there is more liberty of action, more freedom of thought, and a greater disposition in old school therapeutics to work in the line of intelligent scientific investigation.

The new school has always been to a certain extent and is to-day entirely unsectarian, and for the reason, that they wish their practitioners to be familiar with the whole range of medical philosophy, not only with those departments upon which all schools agree, but with those various theories of practice and therapeutics which have so long divided the medical world; they prefer that when they enter the medical profession and take upon themselves its responsible duties, it shall be with all the scientific lights in the profession at their command, and with an intelligent understanding of the practice and teachings of the leading minds in the medical world of all schools. To obtain this knowledge, many believing that the philosophy of the new school can be obtained by careful reading and the teaching and practice of their preceptors, gravitate toward old school colleges, not only for the thorough training in the elementary principles of their profession, but for the immense amount of clinical material always at command in their leading institutions to illustrate every form of disease. The student brought face to face with disease with its history clearly traced, and its pathology carefully pointed out by a skillful teacher, learns to trace symptoms to their causes, symptoms which to his trained mind stand not alone as entities, but as the voice of pathological changes pointing in the light of the philosophy of the new school to a rational line of treatment. As the student understands more and more of the dual action of drugs and their specific indications, he is guided to a more rational line of treatment than is found in many of the crude and unscientific prescriptions of the clinical lecture room. The great principle of investigation and the pathological changes revealed in that lecture room, marking out with their attending symptoms, the cause and character of disease, go with him through life as so much positive knowledge, upon which he can build the line of treatment most in accordance with his reason.

The so-called homœopathic colleges have done and are still doing a great work for the medical profession and the world, but it seems to us there is no longer need of the distinctive term "homœopathic;" they should take their stand not as sectarian institutions, but simply as medical colleges, and by the completeness of their curriculum of study, and ample facilities for clinical teaching, draw to their lecture rooms the throngs of earnest seekers after knowledge, who will gladly go where that knowledge can best be obtained.

The school of the future will be the one which will best fit the student for the practical duties of his profession, which will arm him the most thoroughly, not only to meet the various forms of disease with which he will be brought in contact, but enable him to seek

out and bring to light, those causes which often work in the dark, and elude everything but the most delicate and thorough scientific scrutiny. The triumph of our profession in the future to which we should all look and for which we should all labor, will be that the working of every agent, either on our own planet, the atmosphere which envelops it, the ether which fills all space, the sun with its light and heat, and the "unnumbered worlds which sparkle in the dome of night," whose influence can be felt for good or evil on human life, can be traced out and weighed in the balance. Children we are, groping in the dark, searching in the dim light for truth. To that light which best teaches us how to recognize the priceless jewels over which, we in our ignorance are daily walking, all unconscious of their value, and to feel and understand the subtle influences by which we are surrounded, we will gladly turn. The teacher of the future will be not the cynic, the narrow-minded bigot, who can see nothing except the light filtered through sect and orthodoxy, but the men of clear, strong grasp of intellect, of judicial minds, who can reason from cause to effect, and who do not fear to think and speak out their convictions.

A stepping-stone to a better state of affairs in the medical world will be the taking away from colleges, the power of granting the right to practice. Let their examinations indicate simply scholarship, but the examination for the right to practice rest with a board, fair and impartial, whose diploma shall alone secure to the student of all colleges or private schools the right to practice. By having a separate board for each school nothing is gained, but on the contrary, much harm done, by keeping up the lines of sect with all the bitter antagonisms and waste of time. Let all students on entering the profession stand side by side so far as general knowledge is concerned. The race then would be to the most deserving.

### THE LIMIT OF SCIENCE.

We had supposed that when a wrong was to be righted, science was limitless; that in its lexicon there was no such word as fail. Such, however, does not seem to be the opinion of Dr. F. H. Hamilton, one of the surgeons in attendance on President Garfield, who in a long article in the November *Popular Science Monthly*, says: "Water traps are not to be relied on, and all plumbing having any direct or indirect communication with the sewers should be excluded from those portions of our houses which we habitually occupy. In other words, that it shall be placed in a separate building or annex." This, of course, would be impossible in any but the houses of the rich, and with all due deference to Dr. Hamilton, they can reach the desired end in a much better way. We regret that a man of the high professional standing of Dr. Hamilton should have written an article so full of errors, so faulty in every particular, and that a journal claiming to be scientific should have presented it to the public. The *Sanitary Engineer*, undoubtedly the best authority upon these matters in the world, says of Dr. Hamilton's position: "We have been for six years trying to have carried out

the best practicable plan for protecting the average house holder or tenant in this city against sewer air. He must have a water closet and a sink in his house connected with the sewer—how can these be made most secure? Careful experiments have shown that with a soil pipe carried up full size above the roof and freely open at the top, a trap between the house drains and the sewer, and a ventilating opening on the house side of this trap, and with the traps of all fixtures placed as close to them as possible and properly ventilated, it requires only good materials and workmanship to obtain security. With plumbing so arranged there will be no syphonage of traps, no possible passage of germs through the traps, and so little passage of gases as to be of no importance.

"Now, can Dr. Hamilton or any one else produce a single observation or fact which contradicts the above? And if not, would it not be wiser and more humane to encourage and instruct the public to do the best thing possible, and continue experiments with the view of making the means of protection as simple, effectual and cheap as possible, so as to place them within the reach of every one, rather than advise the poor and moderate class to give up all hope, and to try to destroy their confidence in those who are engaged in trying to effect partial improvements? The fallacies of the experiments of Dr. Doremus, upon which Dr. Hamilton lays so much stress, have been pointed out over and over again. They have no bearing whatever upon a proper system of house drainage such as we have indicated above. We claim no infallibility in this matter, but our results are based on careful observations and tests made by skilled observers. What would Dr. Hamilton think of an article in the *Popular Science Monthly* attacking the medical profession, and containing a collection of extracts from writings of physicians, which could easily be made, showing errors and failures, and advising every one to abandon all medical men and use a new patent pain destroyer invented by an engineer? We invite and urge all physicians to observe and test for themselves the effect of a properly arranged system of house drainage, specimens of which can be found readily enough, and then to improve on it if they can and use their influence to have all habitations placed in the best possible sanitary conditions. They will find sanitary engineers and plumbers able and willing to second such efforts."

### CHURCH TEMPERANCE.

The report of the recent annual meeting of the Episcopal Church Temperance Society in this city has brought before the public what may be called a new departure in the temperance reform agitation. This society was organized a little over a year ago, and was modelled closely after a similar organization which is in successful operation in the English Church. Its object in brief is to unite all Christian people in an organized effort to promote true temperance. For this purpose various pledges are administered, and those who wish to join the society may promise to abstain entirely from all intoxicating beverages, or to use such beverages sparingly



only at their meals, or never to drink in saloons or grog-shops, or not to treat or be treated in business transactions. These pledges are to be considered as binding only as long as the persons making them retain their cards of membership in the society. The resolutions passed at the recent meeting characterize this scheme of temperance as broad, tolerant and Scriptural, and worthy of the support of all Christian men. The claim of the society is most certainly a valid one; whether or not it will be practically successful in doing what it has set out to do, will be decided in the future. There is no earthly reason why the most radical prohibitionist should not approve such a platform, so far as it goes. He may think that it goes a very little way; he may even believe that such a basis of action is an unworthy compromise with evil; but if he is not blinded by prejudice or fanaticism, he must surely acknowledge that something is gained if men who are immoderate drinkers can be so far cured of their habit as to become moderate, that is temperate, drinkers. They have at least taken a step in the right direction, short though it may be. If they are dealt with in a Christian spirit, if they are gently and gradually led, and not driven roughshod, perhaps they will yet land in the total abstinence camp, which some regard as the only camp of safety. So that, even from the prohibitionist's point of view it would seem as though he ought to work with such a society up to a certain point.

But it must be borne in mind that the claim of the prohibitionists to be the only true exponents of temperance is by many earnest Christian men strenuously denied, and by others scouted and derided. The assertion that total abstinence is enjoined in the Scriptures, has not only never been indisputably proved, but the direct contrary is upheld by men whose piety, devoutness and scholarship are beyond question. These are facts which stand in the way of the prohibitionist when he attempts to identify temperance with total abstinence, and which have made the results of temperance reform so incommensurate with the zeal and devotion of its agents. This failure is expressed by saying that the temperance reformers have not public opinion behind them, which is perfectly true. But it will not do to quarrel with a public opinion like this, mistaken though it may be; it is only the aggregate of the intentions of the people on that subject, and those intentions cannot at once be overturned. If it be true that total abstinence alone is temperance, the world will some day find it out, and public opinion will support its enforcement. In the meantime, great numbers of Christians have not found it out, and will continue to act on the motto "Use without Abuse." To obtain their influence and help in the battle against intemperance is the object and aim of this Society.

#### MEDICAL LEGISLATION.

The Committee on Legislation of the American Institute of Homeopathy has issued an appeal, accompanied with blank petitions in behalf of the following joint resolution recently introduced in Congress relative to schools of medical practice and the graduates thereof:

*"Resolved by the Senate and House of Representatives*

*of the United States of America, in Congress assembled: That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the government.*

*"SEC. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."*

We cannot conceive how any objection can be raised to the equity and justice of such action. It is in accordance with the spirit of the age and must sooner or later prevail.

The petition sets forth a plain statement of the facts as they exist and concludes by asking that "unjust and injurious discrimination be hereafter prohibited by law."

Dr. John C. Morgan, 1706 Green street, Philadelphia, is Chairman of the Committee having the matter in charge and from whom blank petitions may be obtained.

#### OVERWORK.

Mr. Herbert Spencer, just before returning to England, in the only lengthy speech he made during his short visit to this country, cautioned the American people against overwork. Mr. Spencer is subject to insomnia, probably occasioned by nervous exhaustion, the result of long continued concentrated work, often in direct violation of the plainest, simplest rules of health. Like any other victim of a chronic malady, he found evidence of the same trouble in others with which he is himself afflicted. In the hurry and bustle of the American people and in the overstrung and often exhausted nervous system, he saw evidences of overwork on a large scale, which seemed to be a national characteristic, and for our own sakes and the future welfare of the nation, he uttered an earnest warning for more moderation in our exertions and a strong exhortation for a devotion of more time to recreation and pleasure. Mr. Spencer in his own department of investigation is unrivalled as a profound thinker and clear and forcible writer, but he is a specialist, and like most specialists is very apt to find the symptoms for which he looks to confirm his theory. Being an invalid himself, suffering from an exhausted nervous system, and tracing his sufferings entirely to overwork, he commits the great fault of not discriminating between work properly performed with all the surroundings in harmony, and work performed under an unhealthy stimulus, one organ being taxed at the expense of another.

We very much doubt if work properly directed breaks down the constitution or impairs the nervous organization. The fault in this country is not, in our estimation, *overwork*, but *worry*, the legitimate result of a lack of thoroughness in work, and completeness in the details of labor. The merchant, the mechanic, and the professional man, instead of bending every energy

of their nature to the mastery of their own special calling, aiming in that as near perfection as can be obtained, direct their thoughts into other channels, in which they are not at home, to the serious detriment of their own legitimate business. The clergyman aims to be a financier, the lawyer aspires to statesmanship, the merchant talks learnedly of geological formations, of untold wealth buried in the bowels of the earth, waiting only his capital, following the veins cropping out upon the surface, to unearth the hidden treasure, of banking schemes, of railroad enterprises, of vast corporations which shall accomplish miracles and fill the coffers of the promoters with golden ingots; the mechanic jumps from one business to another without thoroughly mastering either, equally at home in any department of mechanical labor; the physician, tempted by the easy road to wealth which he sees opening on every side, invests his hard earned dollars, the coinage of his brain in days and nights of toil, in enterprises of which he knows nothing.

The result of all this misdirected energy is, that life's pathway is strewn with wrecks of fortunes, wrecks of minds and shattered physical and nervous organizations, produced, not by *overwork*, but by dividing work in many channels, which flowing in one, like the deep current of the river, would have rolled on with strength and success.

As a nation, we are not overworked. Our laboring men have shorter hours of labor than those abroad, and our professional and business men have ample facilities for recreation and rest. They would bear much more mental work than they now perform if it were directed in the line of their legitimate business. The cry of overwork is a good excuse for the voluptuary and the epicure, for the idle, the visionary and the restless seekers after wealth by easier roads than those of intelligent enterprise and honest labor, as well as for the honest worker who in his zeal and enthusiasm loses sight of those simple principles of health, the violation of which disturbs the brain and upsets body and mind. The advice to American people should be, more careful and intelligent work, learning thoroughly the details of every business in which they may be engaged. There would probably be less speculation, less gambling in finance, fewer colossal fortunes made by a fortunate turn in speculation; but, there would assuredly be less worry, fewer broken fortunes and shattered constitutions, and more general prosperity and happiness.

#### THE JUBILEE MEETING.

Dr. John H. Clarke contributes a short but incisive and well-written article to the October number of the *British Journal of Homeopathy*, on the recent Jubilee Meeting of the British Medical Association. The writer shows the absurdity of the Association's profession of a "true liberty, and charity, and love" in the face of a measure unanimously adopted, barring all professed homeopaths from admittance into the Association, although they decide that "against perversion to homeopathy after admission they are at present, powerless,

except by the expulsion of the offender; and this, under present circumstances, they consider unadvisable; first, because they hold that such a course would be beneath the dignity of the members of a great liberal profession; and secondly, because it would confer an amount of notoriety, which is very undesirable, upon those who were expelled."

Dr. Wade, who delivered the address on medicine, admits that infinitesimal doses have been an important factor in the discontinuance of blood-letting on the ground that they showed the powers of Nature. Such a conception would undoubtedly make more easy the relinquishment of severe and violent modes of treatment, and amongst these blood-letting was conspicuous. "Strange that in this address before a body so set in its medical thoughts and beliefs we should find these words: 'That medical science as a whole is imperfect; that the individual sciences of which it is composed are imperfect; that of these the science of therapeutics is the most imperfect; that above all, we, the agents who have to apply these sciences in our daily life, are imperfect—all this is not only true, but is universally admitted to be so.'"

In all this tirade against homeopathy we have always felt that silence was more eloquent and effective than any amount of rhetoric; and that our one course was to work on quietly letting our works tell for themselves. We have yet to see that anything is gained by "replies" and "controversies," or any amount of argumentation, however well written.

#### THE LUNACY QUESTION.

There is at present almost an epidemic of distrust of the management of asylums for the insane, and in order that this feeling may not endanger the public safety by its tendency to the extreme, it is necessary that the members of the medical profession should be prepared to act as conservators in this behalf. Already there is cause for great apprehension in consequence of the resort to the *habeas corpus*, and there is a case on record in which a young married man was removed to and confined in a foreign asylum on account of homicidal tendencies toward his wife. After a short sojourn in the asylum, he showed signs of convalescence, to the great delight of his relatives, and particularly his wife, who at once began to crave for his discharge. This the superintendent refused, urging that he had not been sufficiently long under observation to warrant him in discharging him as "recovered." The wife, not satisfied with this, went to the higher tribunal—to the Commissioners in Lunacy—who intimated that they would inquire into the matter, which they immediately did, getting, in the first instance, a report from the medical superintendent of the asylum where the patient was placed. They advised the wife to delay—to wait until recovery had been more thoroughly established before demanding his discharge. Still dissatisfied, however, and impatient, she applied to the Home Secretary, who in turn referred her to the proper authorities, the Commissioners in Lunacy. At length, nothing would satisfy her but his immediate discharge, which the superin-

tendent reluctantly acceded to, under protest. What was the result? He was the means of his wife's death the very night he was discharged.

Scarcely a newspaper can be read without affording some instance of the suddenness with which an attack of insanity in some of its varied forms may assert itself, or in which one supposed to be harmlessly insane may develop into a violent and most dangerous individual, two terrible and shocking illustrations of which we have recently experienced in our very midst. There is no doubt that great care should be exercised in pronouncing an opinion as to the insanity of any individual, and in some cases it is much better to place the suspected person under the surveillance of experts before deciding so grave a question.

We have no hesitation in saying that examiners in lunacy should be men possessed not only of the requisite book-knowledge to enable them to differentiate the lesions, but they should be men of large experience, excellent judgment, sound sense, and sufficient acumen to enable them to make the necessary examination. The opinions of experts should not be lightly dealt with by novices, for insanity is often of so insidious a character that the most experienced are sometimes put to their wits' ends to determine the point, and the release of doubtful cases by a jury of *laymen*, who know nothing whatever of the subject under consideration, in opposition to the opinions of our most experienced experts, may prove a dangerous proceeding to more than a single individual.

The motives that have instigated the action in some of the recent cases of *habeas corpus*, we are sorry to say, seem to have only a selfish personal foundation, and the courts should move slowly in rendering decisions under such circumstances.

The Grand Jury, at a recent inquest respecting the management of the New York City Asylum, found that the sanitary arrangements were very deficient, and that more than one person used the bath-tub without change of water! There ought to be no necessity for such practice, and the jury should have gone farther and suggested the remedy. We can imagine the excuse that will be urged by the authorities in the present short supply of water, and they will say that the facilities will be afforded for separate ablution whenever the water supply is sufficient to warrant it. As we have before said in our columns, there should be no restriction to the free use of water, particularly with the lower classes—the higher class permitting no restriction—and the supply, equal to any demand, should be made available. But for professional politicians we should have it!

Sanitarians in particular, and the public in general, should urge immediate action with a view to increasing our water supply to equal our sanitary needs, and the members of the medical profession can aid in this behalf by educating public opinion to this standpoint.

The Grand Jury also recommended "that the alleged lunatic, in all cases, before commitment, shall be examined by three physicians, each acting separately without the presence of the others, and that the examination shall be had before a Judge and in the presence of counsel for

the accused; that the physicians shall be selected by the Judge, in the same manner that jurors are drawn, from the names of all reputable physicians who may have been in active practice in the State, county, or city during a period of five years, at least; and that a majority verdict, with the concurrence of the Judge, shall be necessary to a commitment."

We very much doubt whether these suggestions, although conservatively wise, could be practically carried out, for many reasons.

The Grand Jury concludes its report by saying, that "from the testimony before us, we find that opportunities afforded to patients to communicate with their friends are too limited, if not altogether forbidden; and we urgently recommend that such changes be adopted as will enable patients to confer with friends and legal counsel." To all of which we see no objection.

This state of things was supposed to be provided for by the statute requiring boxes, in which letters could be deposited by patients, to be placed in each ward, the key to which should be held by an authority independent of the house staff. As this plan has failed to be of practical service, it might be made compulsory for the superintendent to forward all letters, upon request of a patient, to the State Commissioner in Lunacy—a salaried officer, independent of any particular institution, and bound to do his duty toward all concerned—who should decide whether the case of the writer is one worthy of review by a sheriff's jury.

Should this effort fail of justice, then it would be time enough for the exercise of the *habeas corpus*.

We think that the jury which is to consider and decide upon a question of insanity should be composed of medical men, for laymen are apt to take that sentimental view which will obscure the facts and prevent an accurate decision.

The present law requires that no patient, after having been legally committed, shall be discharged without the filing of a certificate by the superintendent, setting forth its propriety. In all cases, there can be an appeal to the State Commissioner in Lunacy whenever justice seems to be violated, and this officer is bound to decide in accordance with the facts, regardless of other influences.

**COLOR-BLINDNESS.**—(Report of the Committee of the Ophthalmological Society on Color-Blindness. *Trans. Ophth. Soc.*, Vol. 1, p. 191. *Brit. Med. Jour.*, April 23, 1881.)—There were 18,088 patients examined—16,431 men and 1,657 women—with Holmgren's worsted test. Of the men 949 were Jews, showing 4.9 per cent. and 491 Quakers, showing 5.9 per cent.; 145 deaf mutes with 13.7 per cent. of color-blindness. Of the remaining 14,846 men of all conditions, there were 3.5 per cent. color-blind. Among the women there were 730 Jewesses with 3.1 per cent., 122 deaf mutes with 2.4 per cent., and 216 Quakers with 5.5 per cent. Among the remaining 489 women, 0.4 per cent. were color-blind. This unusual number among women is explained by the fact that in them it was not yet very pronounced.

Red-blindness appears to be somewhat more frequent than green-blindness in England. The intelligence of the person had no connection with the color-perception. It was hereditary.

## BIBLIOGRAPHICAL.

PHARMACOPEIA OF THE UNITED STATES.—Sixth Decennial Revision, by Authority of the National Convention for Revising the Pharmacopœia. Held at Washington. A. D. 1880. New York: William Wood & Co. 1882.

A glance at the names of the Committee of Revision and Publication was sufficient to lead us to expect an entirely different Pharmacopœia from that of 1870, and such as the result of their labor has just been given to the medical profession.

The first change is noticed in one of the resolutions adopted at the meeting of the National Convention, which authorized the committee to publish a supplement at any time, when it is deemed expedient, putting it in their power to keep the Pharmacopœia up to the times.

The old method of dividing the work into two parts, "Materia Medica" and "Preparations," and subdividing "Materia Medica" into two lists, has been entirely changed, and a continuous alphabetical arrangement has been made, which makes the book more satisfactory as the work of reference most used by medical men.

The descriptions of drugs and chemicals are much more complete than in any former Pharmacopœia, and a careful study of the new book will give the student a more thorough foundation in one of the principal arts of his profession, than the average physician or apothecary enjoys.

A long step forward has been taken in the notation of chemical formulæ, which are expressed in the new method. There is some doubt about the advisability of using the old method with the new, for fear of confusion when the new method is now universally taught.

It is proper that all doses should be omitted in such a book, because there are so many conflicting views of the correct doses of medicines, and it has always been a fundamental law in the administration of medicine—and this law was first recognized and demonstrated by that branch of practitioners termed Homœopaths—that most medicines have at least two different values, which difference depends on the relatively small or large dose of the drug employed.

The temperature is expressed in degrees both of Fahrenheit and Centigrade.

A complete change has been made in the method of handling the ingredients for all the preparations. In the new book the quantities are nearly all weighed, an exception to the rule existing in the case of the fluid extracts, where the amount of the drug is expressed by weight, and the preparation is made to correspond to a standard of measure. In both, the weights and measures, the metric system are used. Would it not have been better to have added the equivalent in the weights by which all the ingredients are bought by the druggist, who is the more interested in this part of the Pharmacopœia?

Some confusion will necessarily arise from the change in strength produced in most of the cases by the change to the new or centesimal method, which will be more than compensated for by the conveniences of the new system.

The lists of reagents, the tables at the end of the work, and the index, are complete and convenient to both the practitioner and pharmacist.

Two hundred and fifty-six titles have been added, and 229 dismissed. Among the additions we note over thirty fluid extracts, and among the drugs several which were formerly known as Homœopathic remedies, notably *bryonia*, *calendula*, *hamamelis*, *pulsatilla*, *thuja*, and *viola tricolor*; among the new chemicals is noted *calc sulphurata* or *hepar sulph. calc.* of the Homœopaths; and among the preparations, tinctures of fresh herbs,

and triturations, all of which additions will prove valuable to general medicine.

Prominent among the new remedies are *boracic acid*, *salicylic acid*, *nitrite of amyl*, *monobromated camphor*, *coca leaves*, *eucalyptus*, *jaborandi*, *grindelia*, *guarana*, *petrolatum*, which is almost the same as *vaseline*, *pepsin*, *oil of sandal*, *quinia bisulphas*, *sapo viridis*, *benzoate of sodium*, *thymol*, and *ciburnum*.

We find *glycerite of tannin* dismissed, and *glycerite of yolk of egg* added. We are sorry to lose a preparation so much used as *glycerite of tannin* from a position which insured a standard of strength for it.

*Alum* has been changed back to the old *potassium alum*, as it should be.

The changes in the strength of the principal preparations are *laudanum*, *tinct. opii deod.*, *poud. opium*, *essence of peppermint*, *essence of spearmint*, *tinct. of alors*, *tinct. of cantharides*, *tinct. of capicum*, *tinct. of myrrh* and *tinct. of valerian* are stronger, and *sulphurous acid*, *citrate of iron* and *quinine*, *spirit of camphor*, *tinct. of columbo*, *tinct. of cannabis indica*, *tinct. of ginger* and *tinct. of nux vomica* are reduced in strength in the new Pharmacopœia.

A review of the whole work convinces us that the new Pharmacopœia is a decided and important improvement on the old one, and we congratulate the committee on so satisfactory a completion of a long and arduous work, and the medical profession will not be slow in finding out that they have a book from which they will not have to turn as they have been obliged to too often from the old, to find the best formula for the standard preparations; and nowhere is this to be noticed more than in the revised processes for fluid extracts.

Mr. Rice, as the Chairman of the Committee of Revision, deserves the thanks of all his brethren in the profession for the evidences of intelligence and careful detail work noticed throughout the book, and may the experience gained in the revision of the last Pharmacopœia be applied ten years hence by Mr. Rice in the same important position.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Thirty fifth Session, held at Indianapolis, Ind., June 13 to 16, 1882, pp. 828. From the Press of Stevenson & Foster, Pittsburgh, Pa.

This volume does credit to the printers from whose hands it comes, with its handsome binding and metallic tipped corners. The general arrangement and subject matter are similar to those already issued by Secretary Burgher, and hence need little additional recommendation. While we find some typographical errors which ought to have been detected, we are free to say that in editorial work and mechanical execution, this volume excels any yet issued by the Institute. The records of the proceedings are brief and to the point, and give no hint of the time wasted in transacting the business of the sessions.

We propose to glance briefly at the various reports, since the journals have already given publicity to the meeting and its proceedings, and time will not allow us to review in *extenso* the many good papers or condemn the few poor ones.

The Bureau of Materia Medica stands first in the arrangement. It contains an interesting proving of *amorphous phosphorus* and a few clinical verifications of drugs, together with a brief discussion, which contains, however, a valuable hint in the use of *acetic acid* in epithelioma. In all, thirty-eight pages for the work of 800 physicians in the field of the homœopathic materia medica for one year. Certainly not a showing to brag over!

The Bureau of Clinical Medicine contains several papers of merit, together with a short discussion. The subjects cover ground from Déclat's method to the C. M. potency.



The Bureau of Pædology gives us probably the most practical report presented during the session, and yet we find it referred without any discussion. Why this should be so we do not know, unless the report was hurried through the last hours of the session. A discussion of these papers might with propriety have occupied an entire session.

Psychological Medicine gives us a larger and more interesting report than usual, although some of the matter would have been improved by the use of the editorial privilege. The discussion, however, is a burlesque, namely, the *treatment of tapeworm*, because one clinical case was given where insanity had undoubtedly resulted from the irritation due to the presence of this parasite. The subjects pertaining to the vast field of mental alienation and responsibility, discussed by a scientific body of men, with six pages on the treatment of tapeworm.

The Bureaus of Anatomy and Microscopy give us fuller reports than ever, the papers of Profs. Owens and Smith deserving special attention.

The Bureau of Sanitary Science has several practical papers on the "sanitation of diseases," and one on "vaccination," the latter receiving a fuller discussion than any other paper presented at the meeting.

The Bureaus of Gynecology and Obstetrics give us interesting papers in each department, which are briefly discussed. Among these we find one by that indefatigable statistics collector, Dr. Geo. B. Peck, on puerperal annoyances.

The Bureau of Surgery presents several papers on as many subjects, the discussion being confined to *chloroform*. This anæsthetic seemed to be used more freely by those taking part in the discussion, than we might suppose from the anathematizing which *chloroform* receives in our literature.

The Bureau of Ophthalmology and Otology presents valuable papers on "systemic diseases affecting the eye," including conditions which every practitioner is liable to meet. There are also papers on "tumors of the eye," and one relating to the slow onset of deafness. We regret that several papers presented failed to reach the publication committee, and that one had to be excluded on the authority of the Institute. The papers were referred without discussion.

The Bureau of Organization, etc., closes the official reports with Dr. Talbot's carefully tabulated statements, which make a good showing for homeopathy, so far as figures are concerned. Why the reports of the colleges, which contain no practical information and have been given to the public months ago were inserted in the way they are, we cannot tell. The Publication Committee would certainly not have exceeded their authority if they had thrown them out. The usual matter and full index close the book.

The volume, as a whole, contains many papers which would well repay a careful reading, and which the profession will only be enabled to see by possessing it. The discussions in quantity and quality are in no way creditable to the earnest, practical men who compose the Institute. Want of time, or indifference, or both, must be a cause for this unfortunate defect in the present volume, and which ought not to recur. A judicious throwing out of indifferent papers by the Committee of Publication, if not by the Institute in session, would do a great deal in leading members of the Institute to realize that the Transactions ought to contain only the best thought of the profession, and that the publication of a paper therein should be a sufficient guarantee of its merit.

Notwithstanding some deficiencies, which time and care will remedy, the Transactions as now issued, both in quality and promptness, allow no excuse why they should not be in the hands of every live, go-ahead homœopathic physician in the United States.

**PHYSIOLOGICAL MATERIA MEDICA.** Containing all that is Known of the Physiological Action of our Remedies, together with their Characteristic Indications and Pharmacology. By Wm. H. Bart, M.D., author of *Characteristic Materia Medica*, *Therapeutics of Tuberculosis*, *A Monograph on Polyporus off.*, *Polyporus Pinicola*, *Ustilago Maidis* and *Cinchona off.*, etc. Third Edition. Chicago: Gross & Delbridge. 1883. Pp. 992, 8vo.

The absorption of two editions of this work in the space of little more than a year, is certainly an evidence of healthy demand. The present edition covers, in addition to the former, articles on "Chloral Hydrate" and "Iodoform." We think that the title "A Text Book of *Materia Medica*" would have been far superior to the one employed, and would have better expressed its scope. The arrangement gives the Latin name of the drug treated, with its English synonym, its habitat, part used in medicine and the mode of preparation, some antidotes, the range of action in tabular form, then in detail, the tissues upon which it chiefly acts are studied, and under the head of "Therapeutic Individuality" appear the principal characteristics. While we quite agree with the author as to the necessity of knowing upon which tissues a given drug chiefly expends its force, at the same time we can see no practical use of his "Classification" into groups, and in our opinion it will be just as well to omit this table as useless, in future editions.

The rubrics by which the special centres of action are designated, at the head of each drug considered, will be found of great service, and will lead to all the classification that is practical or necessary.

On the whole, the book is an excellent one, and will be found as one of the best by the student in this department. We need only add that the physical part of the work is in the best style of the well known publishers.

**THE PRINCIPLES AND PRACTICE OF SURGERY.** By John Ashhurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania; Senior Surgeon to the Children's Hospital; Consulting Surgeon to the Woman's Hospital, to St. Christopher's Hospital, and to the Hospital of the Good Shepherd, etc. Third edition enlarged and thoroughly revised, with five hundred and fifty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882. Pp. 1,064. Royal octavo.

The fact that any book has reached a third edition is sufficient indication that it meets a healthy demand, and the author of this has a special right to be proud of the favor with which his work has been received, considering the competition with which it has had to cope. The present edition has been so revised and brought down to date, that we almost might consider it as a new work. Its popularity as a text-book is due to the clearness and comprehensiveness with which the text is condensed, as well as to the reliable completeness which characterizes each article of which it treats. The general arrangement accords with its previous editions. The physical part is perfectly executed, the illustrations are profuse and clearly demonstrate the subjects for which they are intended, and we confidently anticipate the continued popularity of the work as a text-book in our medical schools.

**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY.** By Robert Faulkner, M.D. Second Edition. Boericke & Tafel, New York and Philadelphia.

This little book has now been in use so long by the profession that we need only call attention to its continued publication.

**HAHNEMANN AS A MEDICAL PHILOSOPHER.** The Organon. Being the second Hahnemannian Lecture. 1881. By Richard Hughes, L. R. C. P., E. L., London: E. Gould & Son, 1882. Pp. 92. 12mo.

An excerpt of considerable length of this excellent address will be found on page 379 of this journal, volume IX., March, 1882, with such comment as we felt justified in making at the time. The present convenient volume will enable us to afford our lay friends an opportunity to know something of the remarkable man who is the subject of two such learned essays as have been given us in this by Dr. Hughes, and in "*Ecce Medicus*," by Dr. Burnett. We cordially commend these companion volumes to the consideration of the thinking man, regardless of creed or sect.

**A HAND-BOOK OF HOMŒOPATHIC PRACTICE.** By George M. Ockford, M.D. Chicago: Duncan Brothers, 1882. Pp. 435, 12mo.

From the preface we learn that "the main object in the compilation of this hand-book is to pre-ent in a concise form, practical descriptions of the principal diseases and their treatment \* \* \* and is issued with the hope that it may prove useful to the student in Homœopathy, as well as to the busy practitioner." We regret to say that the publishers have done their part abominably. There can be no excuse for such mis-spelling as is displayed in this volume, and no one would willingly put such a work in the hands of a student! We hope the publishers will not continue to disgrace us with such horrible typography as they have sometimes given us.

**ESSENTIALS OF VACCINATION.** A Compilation of Facts Relating to Vaccine Inoculation and Its Influence in the Prevention of Small-Pox. By W. A. Hardaway, M.D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, St. Louis; Member of the American Dermatological Association; formerly one of the Vaccine Physicians to the City of St. Louis. Chicago: Jansen McClurg & Company. 1882. Pp. 146, 16mo.

This little volume gives in a concise, comprehensive, and readable manner, the practical bearings of an important subject. The position and experience of the author establish his claim to authority upon the matter of which he treats.

**PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY.** By John C. Draper, M.D., LL.D., New York: Wm. Wood & Co. 1882.

The author has aimed, in this little work, to give to medical students, and physicians who have grown rusty in their chemistry, sufficient practice in chemical manipulation to enable them to perform in a satisfactory manner those tests which are required of a practicing physician, and also to give them some experience in the use of chemical symbols, formula and equations. Every other page is left blank in order that the student may record in its proper place the results of the experiments he makes, and of additional facts obtained from oral instruction. Dr. Draper's methods of instruction are so well known that simply the announcement of the book is all that is necessary to insure it a large sale.

**OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD, PERPETUAL.** Arranged for sixty patients per week, and contains much valuable information, such as obstetrical calendar, poisons and their antidotes, etc.

**WALSH'S PHYSICIANS' COMBINED CALL BOOK AND TABLET.** Seventh Edition. In addition to the call list this little book contains a vast amount of useful information in condensed form and always at hand.

**THE DISEASES OF WOMEN; THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT, INCLUDING THE DIAGNOSIS OF PREGNANCY.** By Graily Hewitt, M.D., Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; Honorary Fellow of the Obstetrical Society of Berlin; Vice-President of the Obstetrical Society of London. Fourth American; from the Third Revised and Enlarged London Edition, with one hundred and thirty-two illustrations. Philadelphia: P. Blakiston, Son & Co. 1882. pp. 751, octavo.

This work, so well-known to the profession—with whom it has met with such favor for many years—needs no extended review at our hands, and we only take occasion to call attention to the fact that the publishers in including it as one of their "Octavo Series," are able to afford it in paper at the unprecedented low price of one dollar and fifty cents, or in cloth, at an addition of one dollar. Certainly no practitioner can afford to be without the book when it can be had at so low a figure, and it will doubtless find its way to the library of every physician who has to do with the diseases of which it treats.

**QUIZ COMPENDS, No. 1.—QUESTIONS ON ANATOMY.** By Samuel O. L. Potter, A.M., M.D., with sixty-three illustrations. P. Blakiston, Son & Co., Philadelphia. 1882.

The series will consist of eight volumes, including: 1. Anatomy; 2-3, Practice; 4, Materia Medica; 5, Chemistry; 6, Physiology; 7, Surgery; 8, Obstetrics. The first five are now ready; the remaining three will shortly be issued. The compends are based on the most popular text-books and the lectures of prominent professors, and can be used by the students of any college. The questions and answers are clearly given; the volume is of a size to be carried in the pockets, and to the student preparing for examination they will furnish a much prized help.

**MESSRS. GROSS & DELBRIDGE,** the enterprising publishers of Chicago, announce a work soon to issue, on Diseases of the Respiratory Tract, based upon Meyhoffer, long since out of print—by Dr. F. L. Peiro, the well-known specialist in this department. The projected work will be much more extensive than Meyhoffer, and cover a larger field.

The author invites the profession to contribute interesting clinical material, for which due acknowledgment will be given.

**THE SCIENCE AND ART OF OBSTETRICS.** By Sheldon Leavitt, M.D., Prof. of Obstetrics in Hahnemann Medical College of Chicago, with an introduction by Prof. R. Ludlam, (to whom the volume is gracefully dedicated), has been received from Messrs. Gross & Delbridge, the publishers, and the work fully bears out what we said of it in our October number at page 220, after an examination of advance sheets. We unhesitatingly place this book at the head of its department, and have no doubt it will become the text-book of all our colleges.

The December number of the *North American Review* contains two symposiums, one on The Health of American Women, by Dr. James R. Chadwick, Mrs. Elizabeth Cady Stanton and Dr. Dio Lewis; and the other on Success on the Stage, by John McCullough, Madame Modjeska, Joseph Jefferson, Lawrence Barrett, Maggie Mitchell and William Warren.

**THE Century Magazine** for December has its usual variety and freshness of illustration which commends it as the foremost of our serial literature of its class.

## CORRESPONDENCE.

## "HOMŒOPATHIC OR SPECIFIC?"

MESSRS. EDITORS.—Dr. Price has apparently endeavored to accept my challenge to compare the pathogenetic effects of mercury and syphilis—not as I had hoped he would do, by preparing a careful synoptical table, showing on one side the effects of mercury, and on the other those of syphilis, but by bringing forward a number of time-honored quotations that are familiar to every general reader, and but few of which have any real bearing on the subject. Before considering them, however, I will re-state my original proposition, which was, substantially, that the effects of mercury in non-syphilitics did not resemble the effects of syphilis in persons who have not taken mercury. This Dr. Price characterizes as a "bold" and "reckless assertion," and says that "its utterance proves fatal to Dr. Piffard's reputation as an unbiased investigator of science," and Dr. Price then goes on to quote from various authors as to the effects of mercury, but very curiously neglects to point out which of them resembles the symptoms of syphilis. This would lead us to infer that he includes them all as pertaining to the latter category. This might well be if the word syphilis were taken in the same sense that it was a hundred years ago, for at that time all venereal diseases were considered as but the results of a single poison, and collectively were spoken of as syphilis. The labors of Hunter, Ricord, and Bassereau, to say nothing of the investigations of others, have taught us that such is not the case, and I cannot conceive how any one who has studied the disease from a modern standpoint, can liken some of these asserted effects of mercury to any of the manifestations of the disease in question.

I will now examine some of the quotations that Dr. Price adduces to support his view:

Quoting from Hughes and Hahnemann, Dr. Price brings forward: "balanitis" and "balanorrhoea," "small red vesicles," which later become "ulcers, which break open and pour forth a yellowish white, staining, strong-smelling matter." What modern writer, may I ask, includes these as symptoms of syphilis? If an unsophisticated young man, after a suspicious intercourse, finds that either of these things have happened to him, and goes to a quack for advice, the latter will, ninety-nine times in a hundred, tell him that the trouble is syphilis, will scare him as much as he can, and work his pockets to the bottom. If, on the other hand, the patient goes to an intelligent and reputable surgeon, the latter will tell him that the balanitis is but a trivial superficial inflammation, not syphilitic, and cleanliness and rest and a mild astringent will cure him in a few days. As regards the vesicles and ulcers he will call it "herpes præputialis," and give him a like assurance. Now let me ask Dr. Price how he himself deals with a patient under these circumstances. Does he tell him that he has syphilis, and salt him down for systematic treatment and an indefinite number of fees, or does he give the young man a little good advice, a simple dressing, and send him about his business? Which course does he pursue? If the former, I think he should revise his notions of syphilis; and if the latter, revise his list of quotations.

A number of other symptoms of mercury adduced by Dr. Price do not find their counterpart in syphilis, so far as my reading and personal observation go.\*

In justification of Dr. Price's position he advances periostitis and iritis as among the effects of mercury. These are certainly results of syphilis, but whether they

ever occur as the direct results of mercury is another question, and decidedly an open one. Granting, however, for the sake of argument, that these lesions are producible by mercury, let us examine the therapeutic relationship of the drug to the disease: The danger to eyesight in iritis is due to organization of the exudation that occurs in connection with the inflammation, blocking up the pupil. To prevent that, I know of nothing better than mercury rapidly pushed to impending salivation. I don't believe *merc. sol.*<sup>20</sup>, or any other *merc.*<sup>20</sup> will accomplish the purpose.

In periostitis, mercury is not, so far as I am aware, specially useful—iodide of potassium being the drug most frequently indicated and the one that yields the promptest and best results.

Dr. Price, however, flings one Parthian arrow that surely ought, I suppose, to settle the question. He quotes Stillé as follows: "mercury, for example, tends to produce lesions, which bear a close resemblance to, if they are not identical with, those caused by syphilis."

Now it happens that a few years ago the late Dr. F. J. Bumstead and myself attended some lectures delivered at the N. Y. Homœopathic College, by Prof. T. F. Allen, on the subject of mercury. In the course of his remarks, Prof. Allen said that the pathogenesis of mercury did not resemble that of syphilis; that the effects of mercury in syphilis must be explained in some other way than homœopathically. In speaking of the treatment of iritis, he said: the old school give mercury to saturation, it acts by defibrinizing the blood by lowering the vitality of the whole system, and in this way limiting the exudation.

Throwing both Dr. Price and myself out of consideration, we can both of us relish the spectacle of Prof. Stillé arguing in favor of the homœopathicity of mercury to syphilis, and Prof. Allen arguing against it. As the late lamented Sam. Weller would say, "This is richness."

In conclusion, permit me to assure your readers that I will not again trespass on their patience.

Respectfully yours, H. G. PIFFARD.  
10 West 35th St., New York.

## "THAT 'INTERNATIONAL' PATHOLOGY."

MESSRS. EDITORS:—I do not believe that any fair-minded reader of the TIMES misunderstood the plain purpose of the paper entitled "A Pathological Pfuscher." The motto from Carlyle showed at once the nature, the aim, and the occasion of the prescription—for it was a prescription.

The subsequent "aggravation" will convince even an "International" that the *similimum* was administered, and—too much of it, considering the potency.

Having read the arrogant assumptions which characterize that paper in the *Medical Counselor* of August 15, and thoroughly knowing its writer, I was at once impelled to administer a rebuke which owes its severity to its truth.

I now find that my statement of the case of tubal pregnancy is challenged by the very physician who had it in charge; and, what is more, he has me at his mercy because he himself is my informant in regard to every item of my statement of the case.

If that factus was not "discharged into the abdominal cavity" and if there was no "peritonitis," I can only say that this will not be the first time I have been led astray by relying upon that physician's word: an experience, by the way, not confined to my own case.

This amnesic physician told me that he had diagnosed "dry cholera"—*cholera sicca* were his own words. He was led so to do by these considerations: 1. The season—the case occurred in August. 2. The fact that, before the attack, the patient had been indulging freely in ice water. 3. The complex of the symptoms—sudden acute abdominal pain, coldness of the surface, vomiting, no *alvine dejections*, and speedy collapse.

\* Eighteen years ago I was house surgeon in the largest venereal hospital in this country, and for the greater part of the time since I have been visiting surgeon to the same and in charge of the venereal wards. During that time several thousand cases of venereal disease, in its different forms, came under my observation, and my opportunities for learning something about the disease have certainly been reasonably ample.

He also said that he had given *ceratrum album* unavailingly.

He now has it in his power to make any statement that may suit his purpose, and I willingly leave him the field.

But, his "Reply" fully enables me to accomplish the sole purpose of my first paper, which avowedly was to expose the baseless pretensions of a *pathological pfeucher*, for in it he makes the following square-toed acknowledgement:

"Neither I nor the physician who was in consultation with me diagnosed this case as 'dry cholera,' or as *anything else*. We were unable to diagnose it satisfactorily, either before or after death, until the autopsy itself revealed its true character, which autopsy was had at our own urgent request for obvious and the usual reasons, viz.: *to learn what was the true pathological state.*"

The italics are my own, and are inserted for subsequent comment. Meanwhile please contrast this avowal of ignorance with the following assertions from the pen of the same physician:

"If a thorough knowledge of the symptoms of any [italics not mine] given case does not bring with it a knowledge of its pathology to any competent physician, I am at a loss to know how else, or how otherwise, that knowledge is to be acquired."

"The *genuine* [italics not mine] pathologist makes no diagnostic blunders, while the *posological* subscriber is ever liable to them."

Having read these vain-glorious assertions, and remembering that case of tubal pregnancy, I sat down and wrote: "To-day such an one has the effrontery to sit in his office and write upon *pathology*!" And more, as I thought of the numbers in our ranks who by such ignorance bring our cause into contempt, and drive away would-be enquirers in a disgust which is as just as it is natural, I was thereupon "personal" enough, and *practically* enough, to call such an one a *pathological pfeucher*. Up to date I have not found a fitter name, and I am, therefore, obliged to withhold any apology.

This identical "pathologist" also says: "An absolutely correct diagnosis of a tubal pregnancy would be a diagnostic feat to which but few, if any, would pretend, and a recognition of similar symptomatic phenomena—as the result of a serious or fatal hemorrhage of any kind—a possibility only to those whose experience and habits of correct observation were equal to it."

Again the italics are mine, and they are put in because this "International" pathologist boastfully declared that homœopaths are superior,—as pathologists—to the disciples of so-called "regular" medicine.

Now the diagnosis of a tubal pregnancy, at the fourth week thereof, would indeed be a feat of which any one might be proud; but in a tubal pregnancy, or let us say an extra-uterine, at any period, not to diagnosticate it after rupture has occurred is a disgrace which only ignorance makes possible.

"Habits of correct observation," for diagnostic purposes, are not acquired by reading the Organon, memorizing the *Materia Medica*, and prescribing from "the totality of the symptoms;" and yet it is the simple truth that *over-much study in these directions has been the bane* of our school in America. We turn out forty mere therapeutists where we educate ten physicians. I will not stand second, so far as my knowledge goes, to any in loyalty to the precious truths of Homœopathy, nor will I ever adopt the suicidal policy of concealing faults which will never be corrected unless they are exposed. Had I, indeed, been a policy man, winking at fraud, and condoning iniquity, then had the noonday of my life been far other than it is. I should have been applauded where I am now reviled. I could not pay the price, nor did I attempt to evade the penalty. But I would not today exchange my failing health, my fast-coming monitions of premature old age, and my larger-growing cares with the most prosperous of those whose combined might made me a sacrifice.

If, then, the reader, to whom I have opened my heart in a moment of deep feeling, shall in the future hear me condemned for "personality," etc., etc., he may know that from my heart, and in unstudied words, I have condemned a wrong, honestly and earnestly deeming it to be.

Meanwhile, the mob may know that I fear its plaudits and welcome its curse, well knowing that at the parting of the ways mine will be found the nobler choice.

O my fellow-physicians whether I am understood by you or not is of little moment, but of one thing we may all be assured, namely, we are the custodians of the larger therapeutic truth, and we should hold our great charge in truthful singleness of heart and unsullied purity of purpose. We must bring our all into the searchlight of sunlight, and hold fast to only that which is good. Other workers are as earnest as we; have duties as serious, and responsibilities as solemn as our own. We cannot all simultaneously till the same field; the swelling sciences demand various work, and varied workers as God himself has endowed them. Only in the all can we find the whole; only from the all can we obtain the whole.

A better day is dawning for our school. Some of our colleges are meeting the demands of the age, and they cannot fail of their reward. Others are reaping the inevitable harvest, and one day will surely come the fiat: "Weighed and found wanting!"

Honest workman, wherever thou mayest be, courage, courage, courage. Gravitation thou dardest not to doubt; Truth and its reward thou must not dare to doubt. Both were with the Uncreated Eternal One before the foundations of the earth were laid. Take heart, O thou of trembling faith.

S. A. JONES.

ANN ARBOR, Nov. 4th.

## OUR LONDON LETTER.

MESSRS. EDITORS:—The medical schools are once more settled down to work. The *annus medicus* begins in October, in London, but not till a month later in the Scotch University schools. The time-honored custom of delivering inaugural addresses at the opening of the session, at the various schools, has been largely departed from in London. If the addresses were such as they might be there would be much to be regretted, for they afford an opportunity of imparting many a valuable piece of advice and encouragement to the new-comers, who are often much in need of it. But if the addresses of this year are to be taken as the standard there is not much room for regret that the custom of delivering them is dying out. The many and all absorbing claims of science on medical men seem fatal to their chance of possessing a wide general culture. The honorable exception this year has been the address of Mr. Jonathan Hutchinson, chiefly dealing with Carlyle. The address contained many things worthy of being taken to heart; though taken on the whole, it must be confessed that even his address was somewhat thin. But when Dr. W. Cayley, of Middlesex Hospital, can beguile his hearers with this original piece of poetry:

"'Tis a lesson you should heed,  
Try, try again;  
If at first you don't succeed  
Try, try again;  
Then your courage should appear;  
If you only persevere,  
You will co. quer, never fear,  
Try, try again."

And when Dr. Sharkey, of St. Thomas's, can deliver himself of such "lucid" rubbish as this: "The day has long gone by when systems of medicine were admissible. There is but one system, the scientific, which rests upon observation and experiment, and upon the application of science in general, and the knowledge and treatment of disease," etc., etc., we can understand how it is that opening addresses are going out of fashion.



In marked contrast with all this, both in brilliance and substance, was the Hahnemann oration of Dr. Dudgeon, with which the session of the London School of Homoeopathy was inaugurated. You will doubtless have the address in your hands before long, and many of your readers as well, so I will only just allude to it here. Suffice it to say that Dr. Dudgeon demonstrated conclusively that in all the long roll of great names in medicine, there is not one that can be compared with Hahnemann's, in the region of therapeutics, and that of all discoveries in the whole range of medicine Hahnemann's is the most original.

The last thing you heard about the proposed L. H. diploma was that it was dropped for the time and the matter referred to the committee to consider the feasibility of obtaining a Royal charter. A meeting of the governors of the school has taken place, and the report of the committee received and discussed.

It has been decided that the difficulties in the way of obtaining a Royal charter are too great to encounter, but it has been resolved to petition for a deed of incorporation from the Government, which will put the school on a definite legal basis. It is proposed to grant to those who have passed through the school, the diploma of Fellows of the Incorporated London School of Homoeopathy—F.L.S.H. This will meet the want the L. H. was intended to supply, and will not be so offensive as the latter was to many, as being a "licentiate" without a "licence," and therefore a sham. There are some, however, who look anything but kindly on the F.L.S.H.

Pasteur must look to his laurels. They have just had a great scorching from Dr. Klein. If doctors often differ, it may be safely said that experimental physiologists and pathologists never agree. Dr. Klein has refuted Pasteur's experiments with Pasteur's vaccine *charbon-né*, and has found it fatal to guinea pigs and mice, and not the least protection to sheep or cattle. Here is his conclusion:

"My method of using the fluids for inoculation absolutely precludes any accidental contamination, and hence these must be accepted as perfectly reliable. This country is comparatively free from anthrax, and therefore the introduction and use of this so-called 'vaccine charbon-né' seems to me most dangerous, and capable of producing incalculable mischief." It will be remembered that the Hungarian Government has prohibited Pasteur's "vaccinations," as the "protected" animals were found to be so much more liable to other diseases, and so the mortality among them was as great as before, and there was, in addition, the chance of their flesh being less wholesome. Yours fraternally,

JOHN H. CLARKE, M.D.

15 ST. GEORGE'S TERRACE,  
GLOUCESTER ROAD, NEW LONDON, S. W., Nov., 1882.

### THE PATHOLOGICAL PFUSCHER.

MESSENGERS, EDITORS:—The improbable tale of a "Pathological Pfuscher" in your October issue concerning a case of tubal pregnancy, said to have been diagnosed as "dry cholera" reminds me of a case occurring in my practice which I think will interest your readers.

Mrs. X., 36, mother of four children, consulted me in 1877 for a uterine trouble. Examination revealed a retroversion, which was successfully and quickly relieved by a Harding pessary. Two years elapsed when the lady again consulted me, this time for ante-version, which I was never able to permanently relieve. I did, however, reduce the dislocation several times, and finally taught her husband how to relieve the trouble whenever it should occur.

At eight A.M., Nov. 13, 1880, was sent for in great haste to see the lady. She had been out that morning and while straining at stool "something gave way" in the right ovarian region and immediately afterward she experienced a severe sharp pain at that place, which gradually increased in intensity. At nine A.M., I

found her in bed. Face pinched, forehead, cheeks, nose and extremities cold and dry. Pulse weak and small; frequent, thin, watery stools occurred, which greatly aggravated the pain and weakness. Abdomen extremely sensitive to least touch, pressure or movement.

Complaints of feeling "awfully weak" and thinks she will die. I ordered bottles of hot water applied to the extremities, hot water compresses to the abdomen and hot whiskey, internally. B. Ars. and terat. alternately every fifteen minutes.

Ten A.M. she is worse, the stools continue and the pain increases. I then gave her occasional doses of  $\frac{1}{8}$  gr. *morphia acetate*, but without any relief. At 1:30, I gave  $\frac{1}{4}$  gr. *morphia*, subcutaneously, and repeated the remedy in thirty minutes and again in an hour. No apparent relief. Patient gradually grew weaker and weaker, and at 12 P.M. spoke once faintly and died. Was conscious to the last.

I told Mr. X. that it was a strange case, the like of which I had never seen before, but the probability was that death was caused by a rupture of an ovarian cyst with acid contents; or of a blood vessel in the region of the right ovary. Post-mortem: On section, found the abdomen full of blood, the upper portion mostly fluid, while the pelvis was filled with dark clots. Fallopian tube one inch in diameter; coats very thin and friable; irregular rupture about  $\frac{1}{4}$ -inch long on upper portion, near uterus. Opening the tube I found a fetus of about one month's growth.

During the post-mortem I called my assistant's attention to the case of Miss Neilson the actress, who had lately died in Paris from the same causes. Her able corps of physicians had diagnosed her case as "gastralgia" and were much disappointed and chagrined when the post-mortem revealed the true cause, hæmorrhage. A question of etiology here suggests itself. Would not retroversion or anteversion, especially if complicated with lateral version, cause tubal pregnancy by bending the Fallopian tube and obstructing its lumen, thereby preventing the descent of the impregnated ovum? This seems to me a reasonable cause and the probable one in my own case. L. B. COUCH, M.D.

### SOCIETY REPORTS.

#### THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.

##### SOME OBSERVATIONS IN OBSTETRICS.

By J. F. COOPER, M.D., ALLEGHENY.

The average duration of labor among American women is between seven and eight hours.

And when divided into three stages, the first, from the beginning till the os is fully distended in a large proportion of the cases, consumes about seven-eighths of the time; the second and third requiring the balance in nearly equal proportions.

The average time of confinement to bed will not vary much from nine days, which has been fixed by the sex as beyond which a woman should not remain there without special reason from unusual sickness. The patient who ventures to leave the bed and her room before the limit set by the common usage of society does so with some misgiving, looking quite as much to fashion as to the actual necessities of the case. The reason for fixing the time at nine days is no doubt found in the fact that in the largest number of lying-in women that is about the time consumed in accomplishing a safe degree of involution. When this has been attained there is no further necessity for maintaining a recumbent position or even to stay in the room and be treated

as a sick person. The time varies with the individual, and while in one case it is accomplished in a couple of days, in another it requires two, three or four weeks, or even longer.

The labors of some women are long, while those of others are just the reverse. The causes of this difference it is difficult to make out clearly. Temperament and hereditary or constitutional tendency no doubt holds a controlling influence in the performance of this important function.

A large percentage of the tedious cases that have come within the range of my observation have been persons of full habit, many of them of large frame and generally of lymphatic temperament. The immediate cause of uterine contraction and the expulsion of the contents of the womb at the end of gestation is as yet, as far as absolute certainty is concerned, an unsolved mystery. Flint in his large work on Physiology states the cause to be a fatty degeneration of the cells attaching the decidua vera and placenta to the uterine surface; this process commencing near the end of pregnancy.

When complete the contents of the womb are expelled as a foreign body by uterine contraction. The force necessary for the proper and natural performance of this function is adherent in the womb, but largely aided by the will in its power over the voluntary muscles of the walls of the abdomen. This power of the abdominal muscles is in no case sufficient to expel the contents of the womb unaided by uterine contraction, but is auxiliary and acts correlatively with it and is most effective when it prompts full contraction of that organ. From time to time efforts have been made to measure the expulsive power of the womb, but that it is possible to come to a just or correct conclusion is not at all certain. Professor Haughton has been quoted in the literature of our School on the subject as having determined by experiment that during the first stage of labor the force is about 3.4 lbs. to the square inch, and that a woman is capable of exerting or bringing to bear a power of 38.6 lbs. to the square inch. To measure the power of the human matrix by the same laws that are known to govern in physics may not bring us to just conclusions in cases of this kind governed by physiological laws. But where there has been no rule demonstrated which promises anything more certain we are forced to accept and base our calculations upon them.

When power is confined in a boiler in the form of steam, at a certain pressure per square inch, and brought to bear upon a piston head in a cylinder, the same pressure is found there per square inch as in the boiler, and no difference how small the piston head there will be no more pressure upon it per square inch than within the boiler. As a circle of four inches in diameter is near the size of the space through which the average fetal head has to pass, we will make it the basis of a calculation which gives us a surface of twelve square inches. This multiplied by Professor Haughton's three and four-tenth pounds will make an expulsive pressure of forty and eight-tenth pounds.

Again, by taking the same superficies and multiplying by his thirty-eight and six-tenth pounds we have an expulsion force of five hundred and sixty-three and two-tenth pounds. That these calculations are according to rule and correct if applied to physics is certain, but that they are physiologically correct will admit of some argument. The average woman during the child-bearing period, under favorable circumstances, can lift about her own weight, this being a full and fair lift that will tax the voluntary muscles to the full extent of their power, and furnish us with data for, or upon which to base a calculation and form an estimate of the average uterine contractile power. Nature is seldom seen to be lavish of her resources in making preparation for carrying out general laws, and as a rule no more material is used or force expended than what is absolutely necessary for the occasion. The womb, the vagina and the external parts have received the ministering attention of nature's

hand, and when the time has arrived for labor to commence all the parts are supposed to be alike prepared for the performance of the part assigned them, and it is therefore scarcely to be expected that great force or power is a necessary element in the preparation.

The womb therefore may be supposed to be endued with sufficient power to successfully move the weight it holds within it plus the power necessary to overcome the friction met with while the mass is passing through the parts. In mechanics one-third of the actual power of a machine is lost by friction. The average foetus will weigh about eight pounds avoirdupois, the placenta, membranes and amniotic fluid will as a general thing weigh as much more, to which if another eight pounds for friction is added we have for the case twenty four pounds of actual pressure. That this amount of pressure is exerted at every three from the time that labor commences we do not pretend to argue. The accoucheur who has watched many cases of labor from their inception to their close will testify to the fact that the power manifested in the beginning of labor is very slight. Even after there has been considerable distension of the os a pressure upward of a few pounds, made by placing the end of the index finger upon the presenting part will counteract the pressure downward, and in many cases suspend the pain for the time being. This can be done from time to time in many cases through almost the whole of the first stage of labor. As the os becomes more and more open, the throes are more powerful and pressure upward would have to be much stronger than in the commencement to be equal to the downward pressure. Where the labor is long and tedious, with plenty of room in the pelvis, and no apparent cause for delay, the pain can be suspended in the same way in the second stage in many cases. That the womb in any case is endued with expulsive power amounting to a lifting capacity of even a hundred pounds I have no thought. When my hand has been in the uterine cavity during a contraction I have never felt actual distress from severe pressure, though the opportunities have been numerous. True the hand during a throe remains flat, or nearly so, when used in turning, but even in that position it would present a surface of nearly twenty five square inches which at three and four-tenth pounds per inch would amount to 85 lbs. pressure, which is considerable pressure to rest upon the open hand.

#### DISCUSSION.

DR. RANKIN: I would like to ask in regard to the supposition of Prof. Flint as to the efficient cause of the parturient act, if his view is tenable. If the cause is due to a separation of the placenta from the uterine walls, thus making the foetus a foreign body, I should expect the number of still births to be larger than it is. The separation of the placenta and the interruption of the circulation, in the early stages of labor, would be very apt to cause death.

DR. WINSLOW: I only know one fact bearing on this theory, viz., that of the ripening fruit. When the fruit becomes ripe or ready to fall a change takes place in the transverse cells of the stem at its connection with the branch, and a separation takes place on account of the fruit. There may be something analogous in the separation of the placenta from the uterus.

DR. J. H. McCLELLAND: The queries by Dr. Rankin are well worth considering. I do not agree with the sentiments of the paper, nor with that expressed by Dr. Winslow. It is a matter of speculation, I think, although possibly a matter, too, of accurate observations, as to the condition of the parts in connection with the uterine contents and the uterus itself; the condition of the line of adhesion. It is allied in principle to the growth and development of other parts of the body; the relative proportion of the fingers to the hands, the hand to the arms, the arm to the body. It is undoubtedly under the control of the great sympathetic nerve, the nerve which influences animal life or reproduction. No other theory is so plausible as this. In regard to the length of time

consumed during the first stage, I would like to know by what physical signs, except the condition of the os, we are to date the time of labor or the onset of the first stage. I believe that this stage is progressing for a day or two, or possibly longer, in many cases. Women will complain of disagreeable sensations, irregular ill-defined pains, and feel that labor is coming on. If you make an examination, you will find the os dilated to the size of a dime, perhaps, and yet true labor pains may not ensue for twenty-four hours. I have found the os dilated to the size of a half dollar, and the woman engaged in household duties. It is difficult, then, to fix the time of the beginning of labor. The practical point is this; you may find a woman in bed, with irregular or perhaps regular intervals of pain, the pains may seem very severe to her, especially if it is the first labor; she may be forcing and bearing down, with a woman on either side encouraging and aiding her; an examination will show only a partial dilation, or the first stage incomplete. In all these cases the treatment should be directed toward the stopping of this voluntary effort of the abdominal muscles, until the head is engaged in the superior strait. I have held my finger against the os and found that all this pressure and pulling did not exert a pressure of half an ounce. This forcing does no good until the waters have broken, or the bag of waters has protruded enough for the head to engage in the superior strait. While on this subject I would say that my impression is that the voluntary or will-power exerted through the abdominal muscles, does not do any good at any stage; it is the action of the diaphragm more than the abdominal muscles. Labor goes on under chloroform, although the voluntary muscles of the abdomen are without any power. It is, then, an involuntary physical act, under the control of nervous force, or, as I believe, the great sympathetic. I do not encourage voluntary effort, on the part of the parturient woman, as I used to do. It wears the woman out and does not hasten labor. The period of involution does not take place for a month, or even three months; where there is a want of reactive power in the uterine fibers, or where there is laceration of the cervix uteri it never takes place, and hence proves a frequent cause of uterine displacements. I do not know of any means to hasten the process of involution; the recumbent position probably favors it. Anything which will increase the vitality or recuperative powers of the system, would be of service. In chronic cases of subinvolution I use the hot douche. I do not think the amount of the lochial discharge has anything to do with involution. A profuse wasting or deficient secretion is an evidence of some morbid condition. Any irritation about the system causing a fever might lessen the secretion. I would enter my protest against the theory which some in the profession have advocated—that because labor is a strictly physiological process, a woman should not be confined to bed longer than for a physical rest.

DR. C. H. HOFMANN: I want to say a word in regard to fixing a time in which a woman may safely get up after accouchement. The practice in Vienna is not to reckon the time by days or hours, but to keep the woman in bed until the top of the uterus is level with the symphysis pubis. At this point they allow her to get up—it may be by the fifth day, or it may be later.

DR. SEIP: While this may be so in Vienna, in Munich they dismiss them on the seventh day. I saw one woman on the street on the eighth day after confinement, who had been compelled to leave the hospital at the time specified, notwithstanding her child was suffering with purulent ophthalmia.

DR. J. H. McCLELLAND: A serious error in the practice mentioned by Dr. Hofmann, would be, in my opinion, the possibility of the uterus resting on the floor of the pelvis or a falling back of the uterus into the hollow of the sacrum. A woman might be allowed to get up under these circumstances with the uterus double the size of another woman, and yet the top of the uterus might be

at the pulvis. Unless a vaginal examination was made at the same time with the abdominal one, errors would certainly occur.

DR. SEIP: I am guided in these cases by the sensations of the woman. If she feels well and is nursing her child, I allow her to sit up a short time on the fifth day and gradually increase the time each day. In regard to the time of the onset of the first stage. I had a case lately which shows the difficulty of fixing the limit. I was told by the husband that his wife might be confined at any time, and being near the house I called in to see her. She was feeling well and had not had a pain. While I was talking with her she felt a slight twinge, and on making an examination I found the os fully dilated. Fifteen minutes later the child was born. We often find women complaining of pains and aches for several days and yet there will not be any dilatation of the os. Here was one who had not a single outward symptom showing the onset or progress of labor.

DR. J. B. McCLELLAND: I attended a woman in her first and second confinement, in which pains were frequent and hard, and the os dilated to the size of half a dollar. Everything quieted down, and she went on for nearly three weeks before true pains and a normal labor set in. In regard to the involution of the uterus being so far completed within five to six days that its top is on a level with the symphysis pubis, such has not been my experience, and I do not believe it to be possible. If the fundus of the uterus comes down to a level with the symphysis in that time it must be a very small uterus.

DR. SEIP: Impossible is rather strong language. I have a patient, now in the eighth day after confinement, where the top of the uterus is on a level with the symphysis. I have not examined per vaginam.

DR. BURGER: If we take into consideration the fact that the uterus is not only greatly enlarged, but its walls thickened and blood vessels distended, we can easily see how it would be almost impossible for involution to be perfectly accomplished within nine days.

DR. CHAPMAN: I would ask Dr. Hofmann if prolapsus is common in the cases referred to by him?

DR. HOFMANN: That is difficult to answer, since they go out of the hospital and are not heard of again.

DR. CHAPMAN: I have met a number of cases of complete procidentia among foreigners, those who have to get up too soon. I thought that many of these cases might be due to the treatment they had received in former labors. In all these cases a partial prolapsus caused pain, but when the uterus protruded there was no pain.

DR. MARTIN: What is to be gained by putting the hand on the uterus and feeling where the uterus is? Suppose you find it in one place or another, you are guided by other things in making your conclusion as to her well-being. When she feels strong enough to sit up she does so, without any regard to where the uterus is.

DR. SEIP: If you know the condition of the uterus you can caution her as to sitting up or not. If you found the uterus enlarged high up you would certainly tell her to stay in bed. In regard to the foreign hospitals, the physicians are guided by experience. They have been in charge for many years, have seen thousands of cases, and have probably learned the average time in which it is safe for a woman to get up. They do not seem to treat them harshly, for it is immaterial to them whether the woman stays in the hospital a week or a month. Many women get up within five days or sooner, without any apparent injury.

DR. COOPER: I have seen the uterus go down, without prolapsus, within five days. In some cases, soon after confinement I have found the uterus behind the symphysis. There is no mistaking it, you can feel it as distinctly as any material substance. I have seen it remain there, with but very slight relaxation until involution was completed. Some women waste very little after labor. I know one woman who did not waste a



teaspoonful after the escape of the placenta. This woman, contrary to my advice, sat up on the second day and went from the third story to the basement on the third day. Other women feel an inability to get up and are content to remain in bed. Where they complain only of weakness there is a want of proper contraction in the uterus, in the majority of cases. I generally calculate the onset of labor from the time that the pains become regular, or as nearly so as I can determine. The second stage begins when the os is fully dilated and about to pass over the largest part of the head of the child. At this time the pains generally become stronger, and are, as a rule, better borne. (T. M. S.)

### THE TENTH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

By E. R. CORSON, M.D., SAVANNAH, GA.

The members of the American Public Health Association assembled at Indianapolis, Oct. 18, for the tenth annual meeting, and the three days taken up with the discussions and the reading of papers on public sanitation are pregnant with good works for the public weal, and for the advance of this most promising department of medicine. It would be difficult to fully estimate the good which such a meeting accomplishes quite irrespective of the merits of the papers and discussions. Public interest is excited and quickened, and the many wants of the country are brought home to its citizens in the most effective way; and the most unconcerned and thoughtless are made to feel the importance of the questions at issue.

No department of medicine promises so much, and we have but to look back to what has been done in the last decade even, to the first year of the association, to see the great advances made, and the certain triumphs in the near future.

Nineteenth century philosophy and science are eminently practical; and, however much scientific men may work for science for our own sake, the *qui bono* has become an all important incentive to scientific labors. The "Fairy Tales of Science" are becoming every day realities. Bacteria, miasmata, zymosis, and pyæmia are household words. The people are having brought home to them that dirt and filth are morally and every way wrong; and that a nation's health is the first step towards its prosperity and power.

This much realized, and the workers and promoters of public sanitation will have comparatively few obstacles to oppose their progress. Though the lack of sufficient appropriations for the National Board of Health show that our legislators do not yet fully realize the importance of, and necessity for such a body, we must remember how young the movement is, and how long it takes great reforms to be set in working order. As it is, it is surprising how much has already been done, and we have no fears but that the National Board of Health, and the many local and State Boards which have been organized everywhere, will obtain the support they so justly deserve.

We subjoin a brief report of the work done at this last meeting, hardly more than the titles of the papers presented; and those who desire a full account of the three days' proceedings can turn to the association's report, soon to be published.

#### FIRST DAY.

The meeting called to order by the President, Prof. R. C. Kedzie, of Michigan.

Dr. A. L. Gihon, U.S.N., chairman of the committee on the National Museum of Hygiene, made the report of that committee, earnestly commending to Congress the establishment and maintenance of a National Museum of Hygiene.

The first paper of the day was by Dr. Horatio R. Storer, of Newport, R. I., on "The Newport System of

Sanitary Protection." Dr. Storer refers to the first conception of the new principle in sanitation termed "protection," based on individual organization made collective upon the principle of mutual life insurance, by Prof. Fleeming Jenkin. This system has been in operation in Newport four years, and has proved itself wonderfully efficient and productive of good; and has been adopted at Lynn, Mass., Trenton, N. J., Savannah, and Montreal.

Dr. Thad. M. Stevens, of Indianapolis, read a paper on "The History of Health Work in Indianapolis to date," setting forth the organization of the State Board of Health.

The evening session was taken up with the addresses of welcome from Mayor Grubbs and Governor Porter, and the annual address of the President, Dr. Kedzie. The president spoke very feelingly of the loss sustained by the association in the death of its late President, Dr. C. B. White. In this address are set forth the objects of sanitary science, the penalties of science, the reduced death rate as indicative of the great progress made in sanitary science, the outlook of sanitary science and some of its discouragements, and the possibilities of human life. This closed the first day's proceedings.

#### SECOND DAY'S PROCEEDINGS.

After the usual official business, Dr. Rauch, of Illinois, read a paper on "Observations in regard to the relative size of the liver and spleen, and the normal temperature in Texas cattle," by Dr. Joseph R. Smith, U.S.A. The paper embodied much original research, and the author concludes that no danger can result to Northern cattle from the transportation of Southern cattle, apparently healthy at the time of transportation.

Dr. E. E. Holman, of Chicago, read a paper on "Stock Transportation," showing the many evils and cruelties of the transportation of live stock, and suggestions for reform in this department.

Dr. T. P. Wilson, of Ann Arbor, read a paper on "Life on Wheels." The importance of this subject is evident when it is estimated that from 1,000,000 to 1,500,000 people are on the cars in this country daily.

Dr. James E. Reeves, of W. Va., made a statement of sanitary progress in that State. He claims that it possesses one of the most perfect sanitary systems in the Union. The Board of Health controls and regulates the practice of medicine in the State.

Probably the most important paper of the meeting was that by Dr. Samuel W. Abbott, of Wakefield, Mass., on "Uses and Abuses of Animal Vaccination." The conclusions reached are: the great advantages of bovine virus over human virus; first, from the ease in obtaining large quantities of virus in times of epidemic; second, the certainty of avoiding inoculation of human diseases; third, the absolute freedom from the transmission of genuine bovine disease other than vaccinia; and finally, its great efficiency. The importance of selecting animals of gentle disposition, in a good condition of flesh, with a thin hide, from three to six years of age, and the superiority of cows over bulls and oxen. The use of the dried lymph on quills or points, collected at the period of maturity of the vesicles, and dried immediately for use.

#### AFTERNOON SESSION.

Dr. A. N. Bell, of Garden City, L. I., read a paper on "Sanitary Inspection," advocating the necessity of a knowledge of physics, chemistry, pneumatics and hydrostatics, with special reference to the principles of ventilation; the laws of heat and the distribution of water; habitation, use, and tenantry, comprehending structure, building material, lighting, care, food, and water supply; physical geography and meteorology; contagious and infectious diseases; and preventive measures.

Dr. Bela Gogshall, of Flint, Mich., read a paper entitled: "Is Tubercular Consumption a Contagious and Parasitic Disease?" taking the ground that it is so communicable. The recent investigations of Prof. Bollinger, of Munich, seemed to prove the production of



tuberculosis from the use of the diseased milk and flesh. This view should lead to the proper disinfection and destruction of the sputa of phthisical patients.

A paper was read on "Combined Sewerage Dangerous to Public Health," by Dr. J. W. Compton, of Evansville. He urges the entire abolition of the combined sewers for storm water, and the ordinary domestic sewage, arguing that the present system produces foul air chambers. Very small sewers were thought to be sufficient for carrying off the actual foul sewage from houses.

The question of vaccination was then discussed by the association, showing considerable differences of opinion regarding the respective merits of humanized and bovine virus, and the question of transmission of disease, although the majority were in favor of bovine virus.

#### EVENING SESSION.

The most important question before the association was the report of the National Board of Health, by its President, Dr. J. A. Cabell, on the functions of, and government aids to this important body. The National Board of Health having been financially embarrassed by the recent action of Congress, and in consideration of the fact that it owed its existence largely to the efforts of the association, the presiding officer was directed to lay before the association a statement of the operations of the board since its organization in 1879. These operations consisted in: (1) aid to the State and local boards of health in the execution and enforcement of rules and regulations to prevent the introduction of contagious and infectious diseases into the United States and foreign countries; (2) aid to the same parties in maintaining sanitary inspection on the Mississippi river; (3) the inspection of immigrants with reference to the protection of the people of the United States from the introduction of small-pox by said immigrants.

A brief account was given of the proceedings of the International Sanitary Conference of Washington, and the various special scientific investigations under the auspices of the National Board.

In view of the dangers of extinction of the board it is suggested that the members of this association may do a most useful work in showing Congress the value of the work done by this board, and the necessity of more liberal appropriations for carrying out this work.

In conclusion the president refers to the hostile agencies which have brought about this trouble, referring especially to the State Board of Louisiana, and the Treasury Department, which asserts a claim to the disbursement of all funds appropriated by Congress for the suppression of epidemics.

A series of resolutions were drawn up expressive of the association's entire approval of, and satisfaction with, the work done by the board, and their hearty support in its continuance, which, after an animated discussion was unanimously adopted.

#### THIRD DAY'S PROCEEDINGS.

The following officers were elected for the ensuing year:—President, Dr. Ezra M. Hunt, of New Jersey; First Vice-President, Dr. Albert L. Gihon, U.S.N.; Second Vice-President, Dr. J. E. Reeves, Wheeling, W. Va.; Treasurer, Dr. J. B. Linsley, Nashville, Tenn. Executive Committee: Dr. Thomas L. Neal, of Ohio; T. J. Turner, U.S.N.; Dr. S. P. Conn, New Hampshire; J. S. Billings, U.S.A.; J. J. Speed, Louisville; H. D. Fraser, South Carolina.

It was decided to hold the next annual meeting at Detroit.

Dr. Gihon, U.S.N., chairman of the Committee on Venereal Diseases submitted an elaborate majority report, signed by eight of the nine members of the committee, discussing the question thoroughly, and stating that there are 2,000,000 cases of venereal diseases in the United States. It concludes by recommending a stringent Act for legislation on venereal diseases.

Dr. Elisha Harris, of New York, read the report of the committee on Vital Statistics, recommending laws,

plans and methods of securing the most complete and correct registration and public uses of vital statistics in the several States.

Dr. O. W. Wight, Health Officer of Detroit, read a paper on "The Law requiring medical men to report cases of infectious disease and deaths to the authorities."

A paper on "Sanitary Government, its Principles and Facts," by Hon. Erastus Brooks, State Board of Health of New York, was read by title.

#### AFTERNOON SESSION.

Dr. J. J. Speed, of Kentucky, read a paper on "The Relations of Health Associations to the Practice of Medicine." He thought the new medicine was to be based upon the sanitarian's watchfulness over cause, and the physician's watchfulness over the history of disease.

Dr. G. B. Thornton, President of the Board of Health of Memphis, read a long and elaborate paper on "The Negro Mortality of Memphis."

Dr. Jas. F. Hibbard, of Richmond, read a paper on "Propositions concerning Vaccination."

Dr. A. W. Cantwell, of the Board of Health of Davenport, Ia., read a detailed history of "An Epidemic of Small-pox by Direct Importation from Germany," on the steamer Candia.

A paper by John W. Detwiller, of Bethlehem, Pa., on "Small-pox in Bethlehem and Suburbs" was read by title.

An animated discussion followed on compulsory vaccination and the various methods of vaccinating.

#### EVENING SESSION.

Dr. Hiram R. Mills, of Port Huron, Mich., read a paper on "The Influence of Immigration into the United States at that point on the public health of the West and North West."

Dr. Bell read a paper on the "Cremation of household refuse and excreta," by Col. J. M. Keating, of Memphis, advising that every family have its own crematory. Rochdale, England, has its public crematory that works well. Fire destroys utterly, water assimilates and recreates.

Considerable discussion followed.

Dr. Hunt read a paper on "The Sanitary, Physical, and Educational Advantages of open Areas in Large Cities," by Dr. T. Newall, of Providence, R. I., showing the better sanitary condition of London and Paris since the many small parks and broad streets have been opened there.

The president read a series of resolutions as an expression of opinion of the Sanitary Council of the Mississippi Valley, endorsing the National Board of Health.

Adjourned *sine die*.

#### VERMONT SOCIETY.

The thirty-second annual meeting of the Homœopathic Medical Society of Vermont was held at Montpelier October 18th and 19th, with a good attendance, and in absence of the President, Dr. H. C. Brigham was elected Chairman, *pro tem*.

The report of the Treasurer, Dr. W. B. Mayo, showed the society to be in flourishing financial condition.

The following resolutions were adopted:

"Resolved, That the censors of this society are instructed to issue no certificates to practice medicine to undergraduates, or those holding diplomas from bogus colleges, without they pass an examination equal to that required by our colleagues; and none to graduates of other schools unless they pass a satisfactory examination in the principles and practice of homœopathy."

"Resolved, That the examination shall be in writing and the questions and answers must be presented to the Secretary and become the property of the society where they can be inspected by the members."

The following were elected officers for the ensuing year:

President, E. B. Whittaker; Vice-President, Jas. Haylett; Rec'g Sec'y, C. A. Gale; Cor. Sec'y, G. E. E. Sparkaw; Treas., W. B. Mayo; Censors, H. C. Brigham, F. W. Halsey and H. E. Packer.

A committee to whom was referred a communication from the Woman's Christian Temperance Union in regard to use of alcohol, etc., reported as follows on questions referred:

"1. Is it ever absolutely necessary to administer alcoholic liquors as a medicine?

"2. Is beer a useful tonic in sickness or health?

"3. Does the use of beer tend to promote temperance?"

"Resolved, That it is the opinion of this society that it is sometimes absolutely necessary to use alcohol as a palliative remedy when indicated.

"Resolved, That beer is a nuisance in sickness or health.

"Resolved, That beer does not tend to promote temperance."

"E. Brigham reported cases of hyperplastic condition of uterus, especially after miscarriage in early months, complicated with gastralgia; and to cure the stomach trouble must remove the hyperplasia. He mentioned *causco*, *sec.*, *helon.*, *trit.*, *cimic.*, *saf.*, *sub.*, *canth.*, *china*, *aletris*, *ustil.*, etc., as some remedies useful; locally iod., and glycerine.

"Vomiting of pregnancy was discussed at some length, and various means recommended for relief. Dr. Halsey uses sponge tents, and corrects displacements, which are usually retro- or ante-version. Others had used with good results *apomorphia*, *aris*, tobacco, and *cucurbitapepo*. Also *ingluvin* as a palliative and raw beef as a diet had relieved. Dr. Jas. Haylett read a paper giving a history of his attendance on Mrs. J. H., when she gave birth to four living children, the combined weight of which was 15 pounds. All lived to be three weeks old (see other columns).

"Dr. Halsey read a very interesting paper, it being the history of a case of placenta prævia with laceration of perineum, in which the laceration was entirely healed without stitches.

"The use of anesthetics in labor was discussed by every member present at some length, showing a great diversity of opinions and customs in regard to their use. Dr. O. G. Ross, of Revere, Mass., advocated the use of *kali bi* in diphtheria. He uses a moderately strong solution applied to the membrane with a soft brush, every hour night and day. This locally, with the indicated, remedy, internally, had been very successful with him, even in very bad cases.

Dr. H. S. Boardman reported a case of general anasarca with heart disease, given up to die by several physicians. After a few months' treatment she is still living and calls herself well.

The meeting was very interesting throughout and profitable to all present, and was adjourned to meet in semi-annual session at Burlington the second Wednesday in May, 1883. Annual meeting in Montpelier the third Wednesday and Thursday in October, 1883.

C. A. GALE, Secretary,

RUTLAND, VT., Oct. 23d, 1882.

## MEDICAL SOCIETY OF NORTHERN NEW YORK.

The thirty-first annual meeting of the Society was held at Troy, Oct. 17th, 1882.

### THE ANNUAL ADDRESS BY THE PRESIDENT.

The President, Dr. W. W. French, of Ballston Springs, on opening the meeting, delivered the usual annual address, the subject being "Homœopathy."

He stated in brief that, as a body of homœopathic physicians, we had attained an advanced position among medical men, by means of the representation of the most reasonable and scientific method of selecting drugs for the cure of diseases; and feeling assured that our system is the only one that can lay claim to a philosophical

theory of drug action on a diseased organism, he proposed to address the Society on the subject of "Homœopathy."

He began by giving a biographical sketch of Hahnemann, and then described the manner in which he discovered the law of similars. He quoted from Hippocrates, Shakespeare and others, to prove that homœopathy was known and practiced several hundred years before the Christian era. He made comparisons of the results of treatment showing the advantages of the homœopathic. He spoke of the founders of homœopathy, both in England and America, and referred in appropriate and highly eulogistic terms to the late Dr. John F. Gray, an honorary member of this Society.

He then described the rapid growth of homœopathy, and its present commanding, influential and conservative position, in being the acknowledged representative of the most reliable and scientific system of treatment yet discovered; and concluded by expressing the confident anticipation of its becoming the most popular and successful method of practice before the close of the present century.

### MALARIAL FEVER.

Dr. Waldo read a paper on "A Help to Those Physicians of Short Memories who are Called Upon to Treat Intermittent Fever."

The author stated substantially that in the treatment of ordinary cases of intermittent fever, the indications for the selection of remedies given in works on materia medica are far more minute than is required. One is confused and unnecessarily annoyed by the formidable array of "key note" symptoms, which are of no practical value in a vast majority of cases. In exceptional, and now and then, in chronic cases, these special indications may possibly prove of service; it is, however, a question whether they are not to be considered simply medical curiosities. Of what practical advantage is it to know "Whether the chill of *nux* begins at the top of the head or the soles of the feet; or whether the chill of *ceratrum album* occurs before or after dinner; or whether during the chill of *gelsemium* it is the teeth or the knees that knock together?" The unreasonable and unnecessary minuteness of detail is well illustrated by a few selections taken from standard works on materia medica:

"*Eupatorium*: chill occurring from seven to nine o'clock in the forenoon; *lachesis*: chill occurring in the afternoon; *lycopodium*: chill occurring about four o'clock and terminating about eight o'clock in the afternoon; *natrum mur.*: chill occurring at ten o'clock in the forenoon; *nux vom.*: chill occurring at night or early in the morning; *pulsatilla*: chill occurring in the afternoon or evening; *rhus tox.*: chills in the after part of the day; *sulphur*: chills in the evening or at night; *arnica*: chills in the evening; *cactus*: chills at eleven o'clock in the forenoon, or eleven o'clock at night; *apis*: chills at four o'clock in the morning; *calcarea carb.*: when the person is of a scrofulous habit, and feels as if he had on cold, damp stockings, and particularly if he is a little hard of hearing (?); *capsicum*: if the chill begins in the back, and thence extends over the entire body; *carbo veg.*: when the paroxysm is irregular and the attack is preceded or attended by toothache and when eating and drinking are followed by a sensation as if the stomach and abdomen would burst; *chamomilla*: when the chill is light, one cheek red, the other pale, and the patient is very impatient."

The foregoing extracts are sufficient to show that it is nearly impossible to select a remedy bearing an exact similarity to the thousand and one aches, sensations and conditions which some highly sensitive patients may experience; and in fact it is wholly unnecessary, because so large a proportion of the cases ordinarily met with in daily practice are promptly and permanently cured by one form or another of routine treatment, selected

without regard for special correspondence of comparatively unimportant symptoms.

*Cinchonidia*.—The plan which the doctor nearly uniformly adopted, is the administration of five grain doses of *cinchonidia*, repeated three or four times a day, and continued until the paroxysms were arrested. The doses were then repeated only two or three times a day for a week or two, and after that time once daily until the expiration of four weeks from the last chill. This plan has been successful in permanently curing upwards of two hundred cases, with the exception of only three or four.

Dr. H. M. Paine considered himself fortunate in having resided many years in a locality which, until recently has not been considered malarious. It is true that malaria has always prevailed on the flats, both north and south, of the city of Albany; it is not until within the past two years, however, that cases have occurred within the city limits. During that period sporadic cases have been occasionally met with in the middle and western portions of the city. These are the highest and heretofore the most healthful locations.

*Quinine*.—He has uniformly endeavored to select the most appropriate remedies during the first few days of treatment, and has not given *quinine* until the periodical type of the disease was distinctly pronounced, and then has prescribed it in grain doses, repeated four or five times a day, until the chills cease. When it is found that the chills are broken, three grains a day are given, until the sixth day, when four or five grains are given with a view of preventing a chill on the seventh day. After the seventh day, three grains daily are given until the thirteenth, when four or five grains are again administered, in order to anticipate a relapse on the fourteenth day. After the fourteenth day only two grains are given until the twentieth, when four or five grains are again repeated, to prevent the advent of a chill on the twenty-first day. After the end of the third week it is found that relapses are not very likely to occur; one or two grains a day are given, however, for a week or two, in order to secure complete exemption. During this period of three or four weeks *quinine* alone is seldom sufficient to meet all the symptoms; other remedies are often required, and are given when necessary.

*Iodine*.—The doctor also read extracts showing the utility of *iodine* in the treatment of intermittent fever. The *iodine* as reported by Dr. Morrison, has been signally useful at the Baltimore Dispensary. It is chiefly useful in recent attacks, but is of little service in chronic cases. The dose for an adult was 15 minims (not drops) repeated three times a day, and given, largely diluted with water, a quarter of an hour before meals. Of the whole number treated (250) 100 were heard from, of these 84 were cured. It is now employed at the Dispensary in all recent acute cases; it is given to nursing and pregnant women; also in cases where diarrhoea or constipation are present. Nausea, occasioned in one instance, disappeared on reducing the dose one-half. In no case was iodism produced, and no albuminuria was discovered.

The *Calcutta Medical News* (1879) published an account of the employment of *iodine* in five hundred cases, with a statement to the effect that ninety per cent. were cured. Trials of the remedy since then lead to the conclusion that, owing to the fact that a large proportion of cases recover spontaneously, or cease after the first or second chill, the curative influence of the *iodine* is obtainable in only about one-half the cases treated.

*Burnt alum* is also recommended by the same author.

*Nitrate of Amyl*.—Dr. Sanders, of Indore, India, gives *nitrate of amyl* mixed with an equal amount of oil of *coriander*, to render it less volatile and disguise its taste. It is administered by inhalation from a piece of lint or a sponge on which a few drops of the mixture have been placed. It is to be given at the beginning of the cold stage. Following the flushing of the face, which soon

occurs, perspiration takes place, and the chilliness is speedily terminated.

Dr. French always begins the treatment by attempting to break the chills by means of the most appropriate homœopathic remedies, usually, *natrum mur.* 12th, *arsenicum*, *nux. com.*, *ipœcacuanha*, *rhus tox.*, *cinchona*, or any other indicated remedy.

*Galeanum*.—He also makes frequent use of a *battery*, applied at the beginning of the chill. These measures are frequently successful, and a resort to the use of *quinine* thereby avoided.

*Quinine in Whiskey*.—If, however, the disease progresses and settles down into a regular daily paroxysm, he prescribes *quinine*, to be given in whiskey, ten grains to six ounces, of which a tablespoonful is to be given at intervals of four hours, except during the chill; also a dose of *mercurious sol.* 3d. morning and evening. Under this treatment a third chill seldom occurs.

*Aconite*.—In order to break the severity of the paroxysm he employs *aconite* given at intervals of fifteen minutes, particularly during the chill.

*Eucalyptus*.—In chronic cases that come to him after *quinine* in large doses have been administered to break the chills, and also as a prophylactic, he has found *eucalyptus* 2d, in frequently repeated doses of very decided advantage.

*Quinine*.—Dr. Benson stated that in the treatment of malarial fevers he did not deem it advisable or necessary to administer large doses of *quinine*. The cases that are cured by this drug are those to which it is strictly homœopathic, and hence small doses act the best. In the purely intermittent type he gives four single grain doses of *sulphate of quinine* daily. A few hours prior to the anticipated chill a single dose of two or three grains is to be given.

In the treatment of remittent fever a less amount of *quinine* is required, and in many cases none at all. He usually depends on the use of *arsenicum alb.*, *arsenicum iod.*, *baptisia*, *belladonna*, *gelsemium*, *nux. com.*, *ipœcacuanha* and *ceratrum alb.*; *phosphoric acid* is frequently required during the sweating stage. When tonics are indicated for the relief of debility following the fever *hydrastis* or *citrate of iron* and *quinine* are employed, the condition of the bowels governing the selection, the former being required when constipation is present, and the latter for the relief of diarrhoea. The *hydrastis* is prepared by adding half a drachm to four ounces of water, of which a teaspoonful is to be given before each meal. The *citrate* is prepared by dissolving five grains in four ounces of water, and given in the same manner.

*Quinine as an Oxytocic*. Dr. Garnsey, while in New York, N. J., two years ago, treated several cases of intermittent fever. His associate, who was temporarily absent, advised him, in case he was called on to prescribe for chills and fever, to give *quinine* in eight or ten grain doses, repeated two or three times a day.

He was soon consulted by a lady who was pregnant, at about the sixth month, and who was also suffering from the incipient symptoms of an attack of intermittent fever. The patient had taken *quinine* for the relief of a similar attack during a former pregnancy, and had miscarried, and, dreading a like result, she naturally felt great anxiety and expressed a strong desire that a second experience might be averted.

The doctor being unwilling to decide so important a question, sought the advice of an older physician, an old resident of the place, who recommended the prompt administration of six-grain doses of *cinchonidia*, having never witnessed in the course of a long practice any oxytocic properties of *quinine*. The patient took three doses, at intervals of three hours. The chill did not return; the following day, however, the dreaded miscarriage took place.

(To be Continued.)



At a special meeting of the Homœopathic Medical Society of Washington and Warren Counties, held at Fort Edward, Oct. 18th, Dr. R. A. Linendoll, of Fort Edward, was elected President; Dr. Coffin, of Glens Falls, Vice-President; and Dr. C. J. Farley, Secretary and Treasurer. Drs. Holden, Bullard and Little, of Glens Falls were appointed Censors. Drs. Clark and Farley were elected delegates to the State Society. Drs. Coffin and Horton were elected members of the Society. The time for the annual meeting was changed from January to October, to be held in Fort Edward on the second Wednesday in October instead of January at Argyle.

C. J. FARLEY, Sec'y.

FORT EDWARD, N. Y., Oct. 19, 1882.

**TREATMENT OF ALOPECIA.**—The following treatment has been most successful in some cases of alopecia:

R—Tinct. cantharis. .... f 3 i  
Acidum acetum. .... f 3 i  
Spiritus frumenti. .... f 3 ii  
Spiritus rectificatus. .... f 3 ii  
Aqua fontana. .... O.

M. et. fl. lotio. Sig.—Rub thoroughly into the scalp once each day.

**TREATMENT OF ACUTE DYSENTERY WITH ACONITE.**—Dr. William Owen reports one hundred and fifty-one cases of acute dysentery, occurring in the Convict Hospital, Port Blair, India, which were treated with *tinct. of aconite*; all the cases were typical examples of acute dysentery, and all, with one exception, recovered. One minim was given every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims every twenty-four hours.—*Indian Med. Gaz.*, April 1, 1882.

**TREATMENT OF ASPHYXIA.**—1st. The most effective treatment of asphyxia of new-born babes, is the employment of a hot bath at 50° C. It is absolutely necessary to ascertain the temperature of this bath by means of the thermometer, and not less indispensable is it to remove the infant after it has been in it four or five minutes at the longest.

2d. When a case of asphyxia by submersion is capable of resuscitation the accident to be most strenuously combated is the loss of heat of the body. The sole practical treatment is to place the patient before a very bright fire, dry him and perform artificial respiration by simple elevation and depression of the arms. A prolonged hot bath at 50° C. would be dangerous. Our experience demonstrates that hot blankets, electricity and the different commonly employed means are entirely ineffective.—*Cin. Lan. and Clin.*

**PECULIAR LOOK OF THE COLOR BLIND.**—Dr. E. Joy Jeffries (*Rep. Amer. Ophthalmol. Soc., Arch of Ophthalmol.*, Sept., 1881), spoke of this as having been first noticed by Prof. Wilson, of Edinburgh, and described by him as "an absent, anxious glance," as "a startled, restless look" and as "an eager, prying, aimless air." Dr. J. has observed this peculiar look in a number of color-blind. It belongs to them alone, and is not due to any ametropic condition, occurring as it does in the emmetropic. He describes it as a certain liquid look, as if the eyes were slightly suffused. He has now and then detected a color-blind person by this look. No attempt was made to explain this peculiar expression.

**DEATH FROM NERVE-STRETCHING.**—Socin, Langenbeck, Billroth, Weiss, Berger and Benedikt, have each killed his man through nerve-stretching in locomotor ataxia. Violence had been done the spinal cord in these cases, as was evidenced by vomiting, singultus, and paralysis of the bladder. Billroth has abandoned the operation, and Althaus considers it an unsafe measure.—*Gaillard's Journal*.

## A NEW SYMPTOM OF GLONOINE.

By E. M. HALE, M.D., CHICAGO.

I found in the editorial columns of the *Chicago Tribune*, the statement that a "foreign medical journal" contains the report of a case wherein a patient was given a few drops of a one per cent. solution of *nitro-glycerine* (Glonoine) with the result of bringing the pulse down from 140 to 50, and causing the singular illusion that the patient thought there "were two of her."

The pulse of 140, was doubtless caused by the primary excitant action of the drug. The drug was given for "cramps of the stomach," which could hardly cause such a high pulse.

The illusion of a double existence, is one worthy of study of psychologists. The brain is dual, and probably it is an exalted consciousness of this duality that causes this illusion. One of the indications for *lobtisine* is this symptom, but it is not found in the provings of that drug. It was a clinical symptom. *Glonoine*, the only drug that has caused this symptom, except *can. ind.* and *tillium tinct.*

**A NEW PROCESS FOR THE ESTIMATION OF URIC ACID.**—Dr. E. A. Cook, in the *Brit. Med. Journal* of April 15th, gives a method for approximately estimating the amount of uric acid in normal urine. With the aid of a filter pump the precipitation, washing and evolution of gas may be accomplished in an hour and a half. The results of this process confirm Pavy's suggestion that the normal amount of uric acid excreted by a healthy adult is much greater than has hitherto been supposed; not less than ten grains, and seldom less than twelve grains being the quantity discharged in 24 hours.

**JABORANDI IN ASTHMA.**—Dr. Thomas reports fifty cases of asthma treated with *jaborandi*, all of which were benefited and some, he thinks, cured. He gives four-drop doses of the fluid twice a day, and double the quantity on retiring. It produces free flowing of mucus, and also relaxes muscular fibre.—*Chicago Journal and Examiner*.

The *New York Medical Journal and Obstetrical Review* from the first Saturday in January, 1883, will be published weekly instead of monthly. In its new form the *Journal* will have large double-columned pages, which will enable it, in addition to its present departments, to include several other important features of medical journalism.

**CARBOLIC ACID IN SMALL-POX.**—Carbolic acid (ix dilution, ten drops in half a glass of water; dose, two teaspoonfuls every two hours during the day) is strongly recommended in the treatment of variola, by J. Simmons. (*U. S. Med. Invest.*, Sept. 15). He has tested the remedy in two cases of the confluent variety.

OUR January issue will contain a complete repertory of Dr. Oehme's "Clinical Notes on Mental Diseases," which we think will be found of great service to our readers.

DR. A. P. WILLIAMSON, Chief of Staff, reports 706 patients treated at the Homœopathic Hospital, W. I., during October, with a death rate of 2.54 per cent.

*Symphoricarpos racemosus* (snow berry) is strongly recommended by Dr. E. P. Moffat as a remedy in the morning sickness of pregnancy.

DR. HENRY C. BLAUVELT, of 175 West 45th street, proposes devoting himself to orthopaedic surgery as a specialty.

DR. EDWARD EVERETT has removed from Brooklyn to Woodbridge, N. J.